

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF FLORIDA  
STATESBORO DIVISION

FILED  
U.S. DISTRICT COURT  
STATESBORO, FL  
2022 JUL 3 10 20

UNITED STATES OF AMERICA,

Plaintiff,

v.

KEVIN TYRONE SAUNDERS,

Defendant.

) MOTION FOR COMPASSIONATE  
) RELEASE/REDUCTION IN SENTENCE  
) PURSUANT TO 18 U.S.C. § 3582(C)(1)(A)  
) AND THE FIRST STEP ACT OF 2018

) CASE NO. 6:09-cr-00042-LGW-CLR-1  
)  
)  
)

COMES Movant, KEVIN TYRONE SAUNDERS (“Saunders”), appearing *pro se*, and in support of this motion would show as follows:

**I. JURISDICTION**

The district court’s jurisdiction to correct or modify a defendant’s sentence is limited to those specific circumstances enumerated by Congress in 18 U.S.C. § 3582. The scope of a proceeding under 18 U.S.C. § 3582(c)(2) in cases like this one is extremely limited. *Dillon v. United States*, 130 S.Ct. 2683, 2687(2010). It is black-letter law that a federal court generally “may not modify a term of imprisonment once it has been imposed.” *Id.* However, Congress has allowed an exception to that rule “in the case of a defendant who has been sentenced to a term of imprisonment based on a sentencing range that has subsequently been lowered by the Sentencing Commission.” 18 U.S.C. § 3582(c)(2); see also, *Freeman v. United States*, 131 S.Ct. 2685 (2011) (reciting standard for sentence modifications). Such defendants are entitled to move for retroactive modification of their sentences. *Dillon*, 130 S.Ct. at 2690–91.

## **II. PROCEDURAL HISTORY**

### **A. Procedural Background**

On April 9, 2009, a grand jury sitting in the United States District Court for the Southern District of Georgia, Statesboro Division, returned a thirty-seven (37) Count Indictment charging Saunders and David Fagan, II (“Fagan”), co-defendant. See Doc. 1.<sup>1</sup> Count 1 charged Saunders with Unlicensed Dealing in Firearms, in violation of 18 U.S.C. §§ 922(a)(1)(A) and 924(a)(1)(D). *Id.* Counts 2, 6, 11, 16, 19, 21, 23, and 27 charged Saunders with Felon in Possession of Firearm, in violation of 18 U.S.C. § 1201(c). *Id.* Counts 3, 7, 12, 18, 20, 22, 24, and 28 charged Saunders with Possession of a Firearm in a School Zone, in violation of 18 U.S.C. §§ 922(q)(2)(A) and 924(a)(4). *Id.* Counts 4, 5, 9, 10, 14, 26, and 37 charged Saunders with Distribution of Controlled Substances, in violation of 21 U.S.C. §§ 841(a)(1) and 860. *Id.* Counts 8, 17, and 29 charged Saunders with Possession of Firearm with Obliterated Serial Number, in violation of 18 U.S.C. § 922(k). *Id.* Count 15 charged Saunders with Use/Carry Firearm During/In Relation to Drug Trafficking, in violation of 18 U.S.C. § 924(c). *Id.* Counts 13 and 25 charged Saunders with Possession of Stolen Firearm, in violation of 18 U.S.C. §§ 922(j) and 924(a)(2). *Id.* Counts 30, 32, and 34 charged Saunders with Possession of Unregistered Firearm, in violation of 26 U.S.C. §§ 5841, 5861(d), and 5871. *Id.* Counts 31, 33, 35 charged Saunders with Transfer of Sawed-Off Shotgun, in violation of 26 U.S.C. §§ 5812, 5861(e), and 5871. *Id.* Count 36 charged Saunders with Possession of Firearm Not Identified By Serial Number, in violation of 26 U.S.C. §§ 5861(i) and 5871. *Id.*

**Note:** A Superseding Indictment was filed on August 5, 2009. See Doc. 32.

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<sup>1</sup>

“Doc.” refers to the Docket Report in the United States District Court for the Southern District of Georgia, Statesboro Division, in Criminal No. 6:09-cr-00042-LGW-CLR-1, which is followed by the Docket Entry Number.

On July 28, 2009, a Change of Plea Hearing was held and Saunders entered a plea of guilty as to Counts 1, 14, and 15 of the Indictment, pursuant to a written Plea Agreement. See Docs. 30, 57.

On February 10, 2010, the Court issued an Order dismissing the Superseding Indictment. See Doc. 62.

On January 7, 2010, Saunders was sentenced to a total term of 180 months' imprisonment, 8 years Supervised Release, \$3,000 Fine, and a Mandatory Special Assessment Fee of \$300. See Docs. 55, 56. An Amended Judgment was issued on March 1, 2010. See Doc. 63.

On June 13, 2016, Saunders filed Motion under 28 U.S.C. § 2255 to Vacate, Set Aside or Correct Sentence by a Person in Federal Custody ("§ 2255 Motion"), which was denied on September 12, 2016. See Docs. 74, 83.

On September 22, 2016, Saunders filed a Notice of Appeal Re: Denial of § 2255 Motion, which was denied on November 24, 2017. See Docs. 84, 94.

**B. Statement of the Facts**

**1. Offense Conduct**

The following Factual Basis was derived from the Plea Agreement in this case:

The defendant understands that Count 1 of the Indictment charges that the defendant did commit an offense against the United States, that is to say, that beginning at least on or about August 28, 2008, and continuing thereafter until October 2, 2008, the exact dates being unknown to the Grand Jury, in Bulloch County, within the Southern District of Georgia, the defendant, KEVIN TYRONE SAUNDERS, aka "PISTOL," aided and abetted by other persons both known and unknown, willfully engaged in the business of dealing in firearms without a license, in violation of Title 18, United States Code, Sections 922(a)(1)(A) and 924(a)(1)(D).

The defendant further understands that Count 14 of the Indictment charges that the defendant did commit an offense against the United States, that is to say, that on or

about September 19, 2008, in Bulloch County, within the Southern District of Georgia, KEVIN TYRONE SAUNDERS, aka "PISTOL," did knowingly and intentionally distribute in excess of five grams of cocaine base, commonly known as "crack," a Schedule II controlled substance, and did so within 1000 feet of the real property comprising Georgia Southern University, and within 1000 feet of real property on which was situated a playground, in violation of Title 21, United States Code, Sections 841(a)(1) and 860.

The defendant further understands that Count 15 of the Indictment charges that the defendant did commit an offense against the United States, that is to say, that on or about September 19, 2008, in Bulloch County, in the Southern District of Georgia, the defendant, KEVIN TYRONE SAUNDERS, aka "PISTOL," knowingly and unlawfully, and in furtherance of the drug trafficking offense alleged in Count Fourteen, possessed a firearm, in violation of Title 18, United States Code, Section 924(c), and that the defendant's guilty pleas constitute proof as to all of those Counts.

The defendant understands and agrees that nothing in this agreement shall abrogate the duty and right of the government to bring to the attention of the sentencing court all sentencing facts, all relevant conduct of the defendant, the defendant's background, and the offense conduct; and to take any position the government deems appropriate regarding the application of the facts of the case to the sentencing guidelines and the application of the sentencing guidelines. The defendant further agrees that the government shall not be bound to make any recommendation under this agreement if to do so would directly contradict facts relevant to the offense conduct or the defendant's prior conduct or criminal history, which first come to the attention of the government, or are confirmed as true, only after the signing of this agreement.

The defendant understands that the Court is not a party to this agreement, that the government can only make recommendations which are not binding on the Court, and that after the entry of the defendant's guilty plea, the defendant has no absolute right to withdraw the plea. Thus, the Court is free to impose any sentence authorized by law up to the statutory maximum sentence of life imprisonment, a \$4,500,000 fine, and at least eight years of supervised release.

The defendant further advises the Court that the defendant understands that the U.S. Probation Office will prepare a presentence investigation report for the Court, and that the U.S. Probation Office will consider all of defendant's conduct related to the offense to which he is pleading, which may include conduct related to Counts of the Indictment which were or are to be dismissed or for which the defendant was acquitted, as well as the defendant's criminal history, and that these facts will be considered by the Court in determining the defendant's sentence. The defendant understands that the offense level and criminal history category determined by the

United States Probation Office and the Court may differ from that estimated or projected by defendant's counsel or the United States Attorney.

The defendant advises the Court that the defendant understands that if the relevant conduct, guideline sentencing range, or sentence imposed by the Court is more or greater than the defendant expected or, in the case of relevant conduct, is found to be more extensive than the defendant has admitted to, the defendant will still have no absolute right to withdraw his guilty plea.

The defendant also understands that in accordance with *United States v. Booker*, the district court, while not bound to apply the federal sentencing guidelines, must consult those guidelines and take them into account to formulate a reasonable sentence.

See Doc. 57 at 8-10.

2. Plea Proceeding

On July 28, 2009, a Change of Plea Hearing was held before Judge B. Avant Edenfield. See Doc. 30. Saunders entered a plea of guilty as to Count 1, 14, and 15 of the Indictment, pursuant to a written Plea Agreement. See Doc. 57. In exchange for Saunders' guilty plea, the government: (1) will not object to a recommendation from the probation officer that the defendant receive a reduction for acceptance of responsibility under the provisions of Chapter Three, Part E of the Sentencing Guidelines; and (2) will move to dismiss Counts 2-13 and 16-37 of the Indictment as to this defendant ONLY. *Id.* at 4-5.

3. Sentencing Proceeding

On January 7, 2010, a Sentencing Hearing was held before Judge B. Avant Edenfield. See Doc. 55. At sentencing, the Court sentenced Saunders to 60 months as to Count 1; 120 months as to Count 14, to run concurrently with Count 1, and 60 months as to Count 15, to be served consecutively to Counts 1 and 14, for a total term of 10 months imprisonment. See Docs. 56. An Amended Judgment was issued on March 1, 2010. See Doc. 63. No direct appeal was filed in this case.

#### 4. Postconviction Proceeding

On June 13, 2016, Saunders filed a § 2255 Motion, alleging that his “sentence relie[d] heavily” on “key elements of the residual clause” that were invalidated by the Supreme Court in *Johnson v. United States*, 135 S. Ct. 2551 (2015). See Doc. 74. On July 7, 2016, the government filed a Reply (“GR”), in opposition to Saunders’ § 2255 Motion. See Doc. 77. On July 26, 2016, the Magistrate Judge G. R. Smith filed a Report and Recommendations (“R&R”), recommending that Saunders’ § 2255 Motion be denied. See Doc. 78. On August 10, 2016, Saunders filed Objections to the R&R. See Doc. 81. On September 7, 2016, the Court issued an Order adopting the Magistrate Judge’s R&R. See Doc. 82 and on September 12, 2016, the Court denied Saunders’ § 2255 Motion. See Doc. 83.

### **III. DISCUSSION**

As a preliminary matter, Saunders respectfully requests that the Court be mindful that “a *pro se* complaint should be given liberal construction, we mean that if the essence of an allegation is discernible ... then the district court should construe the complaint in a way that permits the layperson’s claim to be considered within the proper legal framework.” See *Campbell v. Air Jamaica Ltd.*, 760 F.3d 1165 (11<sup>th</sup> Cir. 2014) (“*Pro se* pleadings are held to a less stringent standard than pleadings drafted by attorneys and will, therefore, be liberally construed.”); *Estelle v. Gamble*, 429 U.S. 97 (1976) (same); and *Haines v. Kerner*, 404 U.S. 519 (1972) (same).

#### **A. Federal Courts Have the Jurisdiction and Power to Reduce An Existing Sentence**

This Court has the power to adjust Saunders’ sentence. District courts no longer need a motion from the Bureau of Prisons to resentence a federal prisoner under the compassionate release

provisions of 18 U.S.C. §3582(c)(1)(A)(i). A district court may now resentence if the inmate files a motion after exhausting administrative remedies. The reasons that can justify resentencing are not limited to medical, age, or family circumstances. A district court may resentence if the inmate demonstrates extraordinary and compelling reasons for a sentence reduction. Such reasons are present in this case.

1. Historical Framework

Congress first enacted the compassionate release provisions in 18 U.S.C. §3582 as part of the Comprehensive Crime Control Act of 1984. That legislation provided that a district court could modify a final term of imprisonment when extraordinary and compelling reasons warrant such a reduction. 18 U.S.C. §3582(c)(1)(A)(i). In 1984, this provision was conditioned on the Bureau of Prisons (BOP) filing a motion in the sentencing court. Absent a motion by the BOP, a sentencing court had no jurisdiction to modify an inmate's sentence. Congress did not define what constitutes an "extraordinary and compelling reason," but the legislative history recognized that the statute was intended, in part, to abolish and replace federal parole. Rather than have the parole board review for rehabilitation only, Congress authorized review for changed circumstances:

The Committee believes that there may be unusual cases in which an eventual reduction in the length of a term of imprisonment is justified by changed circumstances. These would include cases of severe illness, cases in which other extraordinary and compelling circumstances justify a reduction of an unusually long sentence, and some cases in which the sentencing guidelines for the offense of which the defender was convicted have been later amended to provide a shorter term on imprisonment. S. Rep. No. 98-225 at 55-56 (1983).

18 U.S.C. §3582 acts as a "safety valve" for the "modification of sentences" that would previously have been addressed through the former parole system. *Id.* at 121. The provision was intended "to assure the availability of specific review and reduction of a term of imprisonment for

“extraordinary and compelling reasons” and [would allow courts] to respond to changes in the guidelines.” *Id.* Thus, sentencing courts have the power to modify sentences for extraordinary and compelling reasons.

2. Section 3582(c)(1)(A) is Not Limited To Medical, Elderly or Childcare Circumstances

Congress initially delegated the responsibility for determining what constitutes “extraordinary and compelling reasons” to the United States Sentencing Commission. 28 U.S.C. § 994(t) (“The Commission...shall describe what should be considered “extraordinary and compelling reasons” for sentence reduction, including the criteria to be applied and a list of specific examples.” Congress provided one limitation to that authority: “[r]ehabilitation of the defendant alone shall not be considered an extraordinary and compelling reason.” 28 U.S.C. § 994(t). Rehabilitation could, however, be considered with other reasons to justify a reduction.

In 2007, the Sentencing Commission defined “extraordinary and compelling reasons” as follows:

- (A) Extraordinary and Compelling Reasons - Provided the defendant meets the requirements of subdivision (2), extraordinary and compelling reasons exist under any of the following circumstances:
  - (i) The defendant is suffering from a terminal illness.
  - (ii) The defendant is suffering from a permanent physical or medical condition, or is experiencing deteriorating physical or mental health because of the aging process, that substantially diminishes the ability of the defendant to provide self care within the environment of a correctional facility and for which conventional treatment promises no substantial improvement.
  - (iii) The death or incapacitation of the defendant’s only family member capable of caring for the defendant’s minor child or minor children.
  - (iv) As determined by the Director of the Bureau of Prisons, there exists in the defendant’s case an extraordinary and compelling reason for purposes of subdivision (1)(A). USSG §1B1.13, Application Note 1.



As we will see, with the passage of The First Step Act, subparagraph (iv) is no longer limited by what the BOP decides is extraordinary and compelling.

Historically, the BOP rarely filed motions under § 3582(c)(1)(A), even when the inmates met the objective criteria for modification. See U.S. Dep’t of Justice Office of the Inspector General, *The Federal Bureau of Prisons Compassionate Release Program* (Apr. 2013). The Office of the Inspector General also found that the BOP failed to provide adequate guidance to staff on the criteria for compassionate release, failed to set time lines for review of compassionate release requests, failed to create formal procedures for informing prisoners about compassionate release, and failed to generate a system for tracking compassionate release requests. *Id.* at i-iv.

Congress heard those complaints and in late 2018 enacted The First Step Act.

### 3. The First Step Act

The First Step Act, P.L. 115-391, 132 Stat. 5194, at (Dec. 21, 2018), among other things, transformed the process for compassionate release. *Id.* at § 603. Now, instead of depending upon the BOP to determine an inmate’s eligibility for extraordinary and compelling reasons and the filing of a motion by the BOP, a court can resentence “upon motion of the defendant.” A defendant can file an appropriate motion if the he or she has exhausted all administrative remedies or “the lapse of 30 days from the receipt of such a request by the warden of the defendant’s facility, whichever is earlier.” 18 U.S.C. §3582(c)(1)(A). The purpose and effect of this provision is to give federal courts the ability to hear and resentence a defendant even in the absence of a BOP motion. Congress labeled this change “Increasing the Use and Transparency of Compassionate Release.” 164 Cong. Rec. H10346, H10358 (2018). Senator Cardin noted in the record that the bill “expands compassionate release under the Second Chance Act and expedites compassionate release applications.” 164 Cong.

R. 199 at S7774 (Dec. 18, 2018). In the House, Representative Nadler noted that the First Step Act includes “a number of very positive changes, such as ... improving application of compassionate release, and providing other measures to improve the welfare of federal inmates.” 164 Cong. R. H10346-04 (Dec. 20, 2018).

Once an inmate has pursued administrative remedies through the BOP, upon his or her motion, the sentencing court has jurisdiction and the authority to reduce a sentence if it finds “extraordinary and compelling reasons” to warrant a reduction. Judicial authority is no longer limited to cases that have the approval of the BOP.

4. Saunders Has Exhausted Administrative Remedies

A motion by an inmate can be filed in the district court after (1) the inmate has made the request to the Warden, and (2) either the request was denied or 30 days have lapsed from the receipt of the request, whichever is sooner. First Step Act of 2018, section 803(b), Pub. L. No. 115-391, 132 Stat. 5194, 5239 (2018).

Saunders filed a Request for Compassionate Release to FCI Butner Medium II Warden. Because the BOP failed to file a motion on Saunders’ behalf, exhaustion of administrative remedies is not an issue in this case. See 18 U.S.C. § 3582(c)(1)(A).

B. Saunders Has “Extraordinary and Compelling Reasons” For Compassionate Release

The principles of Compassionate Release allow for Saunders’ early release. As discussed above, the principles for release are no longer limited to BOP guidelines; federal courts have the power to determine what constitutes extraordinary and compelling circumstances.

1. Requests Based on Non-Medical Circumstances – Incapacitation of the Prisoner’s Spouse or Registered Partner

The criteria for a Reduction in Sentence (“RIS”) request may include the incapacitation of an inmate’s spouse or registered partner when the inmate would be the only available caregiver for the spouse or registered partner.

For these requests, “spouse” means an individual in a relationship with the inmate, where that relationship has been legally recognized as a marriage, including a legally-recognized common law marriage. “Registered partner” means an individual in a relationship with the inmate, where that relationship has been legally recognized as a civil union or registered domestic partnership.

The relationship should have been established before the inmate’s offense date of arrest, and should be verified by information in the PSR or other administratively acceptable documentation (e.g. marriage certificate).

For these requests, “incapacitation” means the inmate’s spouse or registered partner has:

- Suffered a serious injury, or a debilitating physical illness and the result of the injury or illness is that the spouse or registered partner is completely disabled, meaning that the spouse or registered partner cannot carry on any self-care and is totally confined to a bed or chair; or
- A severe cognitive deficit (e.g., Alzheimer’s disease or traumatic brain injury that has severely affected the spouse’s or registered partner’s mental capacity or function), but may not be confined to a bed or chair.

For these requests, the inmate should demonstrate that the inmate is the only available caregiver for the spouse or registered partner, meaning there is no other family member or adequate care option that is able to provide primary care for the spouse or registered partner.

In this case, Saunders’ wife, Sandra L. Saunders (“Sandra”), age 52, suffers from incurable, progressive disease, from which she will never recover, to wit: Colon Cancer, with recurrence in January 2022, BRAF wild type and KRAS mutation; and Anemia due to chronic disease from chemotherapy and history of GI blood loss from colon cancer. See Exhibit 1, Limited Medical

Documents. Full Medical Records, consisting of thousands of pages available upon request. Sandra's doctor, Patrick L. Gomez, MD, wrote a letter on her behalf in support of Saunders' compassionate release, which reads:

Sandra is being cared for at Illinois CancerCare for relapsed metastatic adenocarcinoma of the colon. She initially was diagnosed with stage III disease in September 2021; however, she subsequently had a relapse in the right inguinal lymph node and underwent a biopsy that proved metastatic disease. She has been undergoing chemotherapy and her most recent MRI in April did show a good response. She, however, does have problems with decrease in her blood counts from her treatment which may limit future treatment options; however, at this time she continues with therapy and is stable. Her long term prognosis is uncertain and dependent on how well she handles chemotherapy and response to treatments. Currently her husband is in federal prison and due to her incurable diagnosis of colon cancer, uncertain prognosis, she is hoping for an earlier release in order for him to spend more time with her given her shortened life expectancy. Typically the median life expectancy for metastatic colon cancer is approximately two years but this can be shorter or longer depending on response and available therapies. She does also have other comorbidities that can shorten her life expectancy and based on her diagnosis and comorbidities she would be expected to have a life expectancy of less than one year.

See Exhibit 2.

Because of the urgency imposed by such unforeseen event – underlying incurable cancer (relapse) of Sandra, which shortens her life expectancy to less than 1 year, it is important that the sentencing court decides instantaneously whether to reduce Saunders' sentence after considering the factors in section 3553(a) and if it finds that "extraordinary and compelling reasons" warrant a reduction. It also essential to note that Sandra has a 13-year old son, who is not able to take care of her during her treatments, which are now very aggressive.

Saunders, currently housed at the Federal Correctional Institution, Butner, in North Carolina ("FCI Butner Medium II"), with a current release date of December 11, 2023. See <https://www.bop.gov/inmateloc/>. Time is of the essence and it is imperative that Saunders be sent

home to care for his wife, who needs her husband now more than ever. Although Sandra is the one with cancer, the illness is really happening to both of them. Their life is being disrupted in many of the same ways. They are sharing many of the same emotions and concerns. They are both challenged to find constructive ways of dealing with the disruptions and threats posed by cancer and with the side effects of medical treatments.

**Fact:** It can be tremendously reassuring and comforting to your loved one to know that the two of you are facing the illness together and that your support and involvement will be steadfast and unwavering regardless of what happens. Hence, it is necessary for Saunders to be with his wife during these trying times.

2. Courts Have Granted Compassionate Release in Light of Familial Hadship.

Saunders urges this Court to consider the following compassionate grants:

United States v. Kataev, 2020 WL 1862685 (S.D.N.Y. Apr. 14, 2020)

- 51-year-old defendant suffering from “chronic sinusitis” and whose wife is disabled such that she cannot care for their 10-year-old child
- “Defendant’s unique health and family circumstances together, and in light of the COVID-19 public health crisis, constitute ‘extraordinary and compelling reasons’ to modify Defendant’s sentence”
- Release date February 2021, Otisville, 36-month sentence
- Government does not object

United States v. Wooten, 2020 WL 6119321, at \*1 (D. Conn. Oct. 16, 2020)

- FCI McKean
- Argues based on COVID and incapacitation of sister and aging mother’s inability to care for her
- In addition, some courts have held that a defendant’s role as the only available caregiver for an incapacitated close family member can contribute to “extraordinary and compelling reasons” warranting that defendant’s release. Many courts—relying on a narrow construction of U.S.S.G. § 1B1.13 cmt. n.1(C)(ii)2—have held that “extraordinary and compelling reasons” exist only when a defendant is the only available caregiver for an incapacitated “spouse or registered partner.” See, e.g., United States v. Hunter, 2020 WL 127711, at \*3 (S.D. Ohio Jan. 10, 2020).

However, some courts have held not held so narrowly and have found that “extraordinary and compelling reasons” may exist when a defendant is the only available caregiver of incapacitated close family members other than spouses and registered partners—particularly, parents.

- Sister has cerebral palsy and is in wheelchair, mom is 69 years old
- Renewed motion
- Although Wooten does not claim that he suffers from any particular medical issue that makes him more susceptible to serious illness should he contract COVID-19, Wooten still relies in part on the general (and extraordinary) threat that COVID-19 poses in prisons
- Notes it wanted to go below mandatory minimum at sentencing

*United States v. Reyes, 2020 WL 1663129, at \*3 (N.D. Ill. Apr. 3, 2020)*

- Further, Reyes attached a letter from an aunt who has stage four cancer and who notes that managing her care has been difficult for the Reyes family. She writes that “[Reyes’s] help is desperately needed.” (Id.) The policy statement’s third condition mentions only a spouse or dependent children, but the Court again notes that the “other” condition is meant to give discretion and especially recognize non-traditional family arrangements and the need for others in the family to contribute when a relative is sick. Thus, Reyes’s family circumstances contribute to allowing the Court to make a finding that extraordinary and compelling circumstances exist.
- Finally, although rehabilitation alone cannot be an extraordinary and compelling circumstance, see 28 U.S.C. § 994(t), the Court is entitled to consider rehabilitation and give it appropriate analytical weight. The Court finds that Reyes has compiled an impressive record of rehabilitation.

*United States v. Reed, 2020 WL 3128904, at \*1 (N.D. Cal. June 13, 2020)*

- Lompoc, in custody since 2012, release date 2025
- Diabetes, hypertension, obesity
- Is needed as primary caretaker for spouse who has epilepsy and is recovering from back surgery and parent to son
- Government argues diabetes and hypertension are “resolved”
- Regarding caretaker argument:
  - These circumstances give rise to additional burdens in light of the shelter-in-place orders and concomitant uncertainties in school and childcare brought on by the pandemic. These facts, taken together, rise to a level sufficiently compelling to support a reduction of sentence under the circumstances.

And,

*United States v. Brooks*, Case No. 07-cr-20047-JES-DGB (C.D. Ill. May. 15, 2020) quoting that in *Redd*, the district court held “a court may find, independent of any

motion, determination or recommendation by the BOP Director, that extraordinary and compelling reasons exist based on facts and circumstances other than those set forth in U.S.S.G. § 1B1.13 cmt. n.1(A)-(C) and that the reasons it has determined in this case constitute extraordinary and compelling reasons warranting a sentence reduction satisfy any requirement for consistency with any applicable policy statement.”

Section 1B1.13 has not been updated to reflect pursuant to the 2018 First Step Act, hence, defendants now have the ability to bring such motions directly. This anomaly has given rise to a debate concerning whether and to what extent § 1B1.13 applies to motions filed by defendants, with several circuits recently holding that § 1B1.13 applies only to motions filed by the Bureau of Prisons, and not to motions filed by defendants on their own behalf. See *United States v. McCoy*, Nos. 20-6821, 20-6869, 20-6875, 20-6877, 2020 WL 7050097, at \*6-7 (4<sup>th</sup> Cir. Dec. 2, 2020); *United States v. Jones*, No. 20-3701, 2020 WL 6817488, at \*8-9 (6<sup>th</sup> Cir. Nov. 20, 2020); *United States v. Gunn*, No. 20-1959, 2020 WL 6813995, at \*2 (7<sup>th</sup> Cir. Nov. 20, 2020); *United States v. Brooker*, 976 F.3d 228, 234 (2d Cir. 2020).

**C. Recidivism Risk Level and Rehabilitation**

Here, although those factors fully support the substantial sentence originally imposed, in the current context of Sandra’s sensitive medical condition, Saunders’ family believes compassionate release is appropriate at this time so Saunders can live with his wife as her primary caregiver and attend to all of her medical and emotional needs.

It is essential to also note that since Saunders’ incarceration began, he has taken numerous steps to attempt to improve himself in “post-conviction rehabilitation.” See Exhibit 3. Saunders completed education courses and earned his GED in BOP. He is now assigned in the BOP Food Service as a cook since April 11, 2022. *Id.* Saunders is non-violent offender and is currently enrolled

in the Residential Drug Abuse Program (“RDAP”), which would reduce his sentence by up to one year upon completion. More so, Saunders will receive 7 months halfway house.

No aspect of Saunders’ offense involved violence. Since September 2021, Saunders has maintained clear conduct at the BOP. Saunders does not have ties to large-scale criminal organizations, gangs, or cartels. Hence, Saunders qualifies under the limited circumstances that authorize such a motion, and because of the relatively limited risk of recidivism and the relatively limited potential danger to the community of his release.

Given the length of Saunders’ imprisonment, his personal rehabilitation, complete acceptance of responsibility, deeply felt remorse, and rapid decline of his wife’s health condition, Saunders have met all the requirements for compassionate release. More so, his BOP record does not show that he is violent or a threat to public safety.

Under 18 U.S.C. § 3582(c)(2), to modify Saunders’ sentence, taking into account the advisory nature of the guidelines after *Booker* and the considerations set forth in 18 U.S.C. § 3553(a). The court should find that a sentence of time served is sufficient, but not greater than necessary, and accounts for the sentencing factors the court must consider pursuant to 18 U.S.C. § 3553(a), specifically deterrence, protection of the public, and respect for the law.

If granted compassionate release, Saunders will reside his wife, in Bloomington, IL. Hence, Saunders would be able to perform his duties as a husband and his terminally ill wife’s sole caregiver. Further information about these release plans upon request.

#### **IV. CONCLUSION**

For the above and foregoing reasons, Saunders prays this Court grants his Motion for Compassionate Release/ Reduction in Sentence Pursuant to 18 U.S.C. § 3582(c)(1)(A) and the First



Step Act of 2018, based upon the fact that he has exhausted the available administrative remedy and he has met the “extraordinary and compelling reasons” requirement. Saunders prays that this Court finds that the § 3553(a) factors weigh in favor of reducing his sentence to time served.

Respectfully submitted,

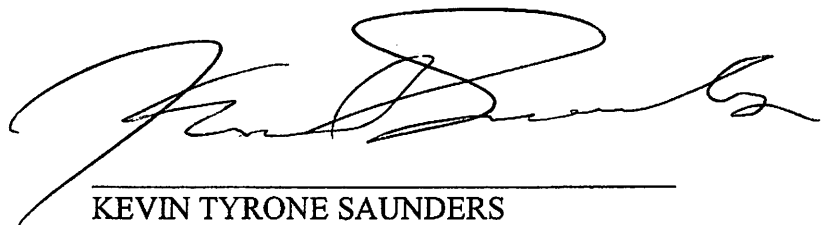
Dated: July 31, 2022



KEVIN TYRONE SAUNDERS  
REG. NO. 14085-021  
FCI BUTNER MEDIUM II  
FEDERAL CORR. INSTITUTION  
P.O. BOX 1500  
BUTNER, NC 27509

**CERTIFICATE OF SERVICE**

I hereby certify that on July 31, 2022, a true and correct copy of the above and foregoing Motion for Compassionate Release/Reduction in Sentence Pursuant to 18 U.S.C. § 3582(c)(1)(A) and the First Step Act of 2018 was sent via U. S. Mail, postage prepaid, Justin G. Davids, at U.S. Attorney’s Office, Southern District of Georgia, 22 Barnard St., Savannah, GA 31401.



KEVIN TYRONE SAUNDERS

KEVIN TYRONE SAUNDERS  
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FEDERAL CORR. INSTITUTION  
P.O. BOX 1500  
BUTNER, NC 27509

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July 31, 2022

Mr. John E. Triplett  
Clerk of Court  
U.S. District Court  
Southern District of Georgia  
Statesboro Division  
P.O. Box 8286  
Savannah, GA 31412

RE: *Saunders v. United States*  
Crim No. 6:09-cr-00042-LGW-CLR-1

Dear Mr. Triplett:

Enclosed please find and accept for filing Movant's Motion for Compassionate Release/Reduction in Sentence Pursuant to 18 U.S.C. § 3582(c)(1)(A) and the First Step Act of 2018. Please submit this document to the Court.

Thank you for your assistance in this matter.

Sincerely,



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KEVIN TYRONE SAUNDERS  
Appearing *Pro Se*

*Encl. as noted*

**EXHIBIT 1:**  
**“Medical Documents”**



**ILLINOIS  
CANCERCARE, P.A.**

*Specializing in Cancer with Best Outcomes*

**Patient:** Saunders, Sandra L.  
**Attending Physician:** Ku, Kimberly P

**Account #:** 2162557  
**Dictated By:** Schertz, Robin L

**DOB:** 6/30/1970

**Age:** 51  
**Gender:** Female

## PROGRESS NOTE

Date of Service: 3/29/2022

**Advanced Directive** - Yes-request pt bring copy

**Depression Screen** - Negative

**Performance Status:** ECOG 1

**Allergies:** Latex, Natural Rubber

### Medications:

1. Compazine 1 tab every 6 hours for nausea/vomiting 10 mg
2. Zofran 1 tab every 8 hours for nausea/vomiting 8 mg
3. famotidine 1 tab Daily 20 mg
4. potassium chloride 2 tab Daily 20 mEq
5. capecitabine 3 tab twice a day on days 1-14 q21 500 mg
6. Neupogen 1 Syringe SQ daily x 10 days on days 2-11 of chemo cycle 480 mcg/0.8 mL
7. Neulasta 1 Syringe once 24 hours after pump unhook 6 mg/0.6 mL
8. potassium chloride 1 tab Daily 10 mEq

### Family History:

Denies malignancies or hematologic disorders

### Social History:

Smoking Status - 4 Never smoker

### Health Maintenance:

Covid-19 Vaccine - Yes

Pneumovax - 2-No

Mammogram in past year 40-69 - 2-No

Colonoscopy in last 10 yrs - 1-Yes

### Hem/Onc Problem List:

**Problem #1** - Relapsed metastatic adenocarcinoma of the colon, cecum primary, to right external iliac lymph node. Biopsy proven January 2022 with initial diagnosis of stage IIIC (pT14apN2bcM0), diagnosed in September 2021.

--**Problem #2** - Anemia.

**Chief Complaint:** Ongoing management of relapsed colon cancer.

### Assessment/Plan:

1. Relapsed colon cancer, metastatic to aortocaval and right external iliac chain. Cycle #2 of FOLFIRI with Zirabev will be held today due to thrombocytopenia. With her first cycle, she had a 50% dose reduction of the CPT11 and discontinuation of the leucovorin and 5Fu push. Dr. Gomez reviewed the patient's labs and it will be determined when she returns next week if any other additional modifications will be needed.
2. Leukopenia without neutropenia. We will continue to monitor. She is asymptomatic.
3. Thrombocytopenia. Patient is asymptomatic. We will continue to monitor.
4. Elevated liver function. Patient is asymptomatic. We will continue to monitor.
5. Patient will return in one week for a face to face visit to include CBC, CMP and magnesium. Pending lab results, she will have cycle #2 of treatment.
6. All of the patient's questions were answered to her satisfaction.

### Future Appointments/Tests:

1. Followup and Tests - Followup in one week with Robin Schertz, APN, at 8:45 a.m.
2. Labs at 8:45 a.m. with CBC, CMP and magnesium.

**Pain Score:** Pain Intensity-Current - 0

**Pain Plan:** N/A

### Cancer/Hematological History:

**Staging:** IIIC (pT4ApN2BcM0)

**Problem #1** - Colon cancer, with recurrence in 01/2022, BRAF wild type and KRAS mutation.

- 09/03/2021 - Colonoscopy with cecum mass invasive adenocarcinoma and descending colon with a tubular adenoma.
- 09/15/2021 - Hemicolectomy path. pT4A pN2B. Grade 2 adenocarcinoma. Invades visceral peritoneum. Macroscopic tumor perforation present. Lymphovascular invasion present. No perineal invasion. 9 out of 15 lymph nodes present. Right colon and small bowel tissues with MMR stable.
- 09/18/2021 - CT PE chest negative.
- 09/23/2021 - CEA 0.9.

- CT abdomen/pelvis without any evidence of metastasis.
- 09/27/2021 - Hemoglobin 9.7.
- 10/07/2021 - Invitae with TSC1 C. 1735A>G VUS, heterozygous.
- 10/11/2021 - Initiation of cycle 1, day 1 CAPOX.
- 11/22/2021 - Cycle 3, day 1 delayed due to neutropenia and thrombocytopenia.
- 12/06/2021 - Resumed cycle 3, day 1 with dose reduced oxaliplatin of 75 mg/m<sup>2</sup>, kept the same capecitabine dose.
- 12/27/2021 - Continued cycle 4, day 1 with dose reduced oxaliplatin, same capecitabine dose, Neupogen support similar to cycle 3.
- 01/13/2022 - CT chest/abdomen/pelvis with new abnormal lymph node in the right external iliac chain and right periaortic. CT-guided biopsy recommended for the external iliac chain. Otherwise no metastatic disease noted.
- 01/17/2022 - Cycle 5, day 1 treatment held due to neutropenia and plan for biopsy of the above.
- 01/27/2022 - Biopsy of right external iliac chain lymph node with adenocarcinoma with extensive necrosis consistent with metastatic colonic adenocarcinoma.
- 02/09/2022 - She underwent a PET scan which showed findings consistent with metastatic disease involving the aortocaval and right external iliac chain lymph nodes.
- 03/11/2022 - EGD, no esophageal varices, mild Schatzki ring, small hiatal hernia, diffuse inflammation by erosions and erythema in the gastric body.
- 03/15/2022 - Cycle 1 of FOLFIRI and Zirabev at reduced doses due to previous cytopenias.
- 03/18/2022 - CT abdomen/pelvis with intra-aortal caval and right external iliac lymph node minimally increased. No new disease.

**Problem #2 - Anemia due to chronic disease from chemotherapy and history of GI blood loss from colon cancer.**

- 08/11/2021 - Hemoglobin 10.7, MCV 68.6, platelets 133, elevated RDW, white blood cell 16.3.
- 08/24/2021 - Ferritin of 37.
- 12/27/2021 - Serum iron 54, percent sat 13, ferritin 59.
- 12/30/2021 - IV iron x2.
- 02/23/2022 - Serum iron was 117, percent sat 38, ferritin was 294, B12 was 607, folate was 10.

**Pertinent Medical/Surgical Problems:**

- Liver cirrhosis noted from 09/2021 abdominal imaging based on liver nodularity.
- Tubal ligation.

**HPI:** Ms. Saunders is a 51-year-old female who presents for cycle #2 of FOLFIRI and Zirabev. PET scan showed uptake in her aortocaval and right external iliac node. She states last week she had felt good with minor fatigue. She did go on a family vacation. No fevers, chills or infectious type symptoms. No nausea, vomiting or diarrhea. NO issues with bleeding or bruising.

**Review of Systems:** A 12 point review of systems is obtained and other than the above is noncontributory.

**Vital Signs:** B/P (mmHg) - 127/84; P (/min) - 66; T (F) - 97.5; Weight (lb) - 188.6; Pulse Ox. (%) - 99; HEIGHT (inch) - 64; BSA(D) (m<sup>2</sup>) - 1.91; BMI(A) (kg/m<sup>2</sup>) - 32.4 H

**Physical Exam:**

**CONSTITUTIONAL:** Alert and oriented x 3 in no acute distress. Ambulatory.  
**HEENT:** Mucous membranes moist. No lesions in the oropharynx.  
**EYES:** PERRLA. EOMI, no scleral icterus.  
**RESPIRATORY:** Clear to auscultation without wheezes or rhonchi.  
 Respiratory effort is easy and regular.  
**CARDIAC:** Regular rate and rhythm without murmurs.  
**GASTROINTESTINAL:** Abdomen is soft without hepatosplenomegaly. Bowel sounds active.  
**EXTREMITIES:** No calf tenderness or leg edema.  
**INTEGUMENTARY:** No rashes, ulcers or bruising.  
**NEUROLOGIC:** Alert and oriented with motor function and sensation grossly intact. Cranial nerves II through XII are full to confrontation.  
**PSYCHIATRIC:** Coping well with current situation without any evidence of anxiety, depression or adjustment disorder

**Data Reviewed:** WBC 3.74, hemoglobin 13.5, hematocrit 40.5, platelets 65, ANC 1900. Sodium 138, potassium 3.7, creatinine 0.51, alkaline phosphatase 173, ALT 57, AST 65, total bilirubin 0.5, magnesium 1.9.

**Labs:**

Date	3/15/22	3/18/22	3/29/22
<b>CBC</b>			
WBC (x1000/UL)	3.38 L	2.59 L	3.74 L
Hgb (g/dl)	13.60	13.70	13.50
Hct (%)	40.70	41.60	40.50
MCV (fl)	98.30	99.00	97.60
Plt (x1000/UL)	94.00 L	69.00 L	65.00 L
NE % (%)	36.10 L	49.00	50.80
LY % (%)	49.10	45.20	38.20
MO % (%)	10.90 H	3.50 L	8.60
NE # (x1000/UL)	1.22 L	1.27	1.90
LY # (x1000/UL)	1.66	1.17	1.43
MO # (x1000/UL)	0.37	0.09 L	0.32
<b>CMP</b>			
Glucose (mg/dL)	121.00 H	96.00	116.00 H
Sodium (meq/L)	136.00	135.00 L	138.00
Potassium (meq/L)	3.40 L	3.80	3.70
BUN (mg/dL)	7.00	8.00	10.00
Creatinine (mg/dL)	0.49 L	0.49 L	0.51 L
Albumin (g/dl)	3.70	3.50	3.80
Alkaline Phosphatase (iu/L)	154.00 H	108.00 H	173.00 H
Calcium (mg/dL)	9.00	8.80	9.10
ALT - SGPT (iu/L)	59.00 H	66.00 H	57.00 H

Patient Name: Saunders, Sandra L.

DOB: 6/30/1970

Account #: 2162557

AST - SGOT (iu/L)	59.00 H	66.00 H	65.00 H
Bilirubin, Total (mg/dL)	0.60	1.20 H	0.50
Total Protein (g/dl)	7.20	7.00	7.30
Magnesium (mg/dL)	1.70 L	1.70 L	1.90

Discussion with Patient/Family/Other Providers: As noted above.

SCHERTZ, ROBIN APN

CC: Kimberly Nord, FNP  
Ardaman Shergill, MD

Document Status: Approved

Electronically Signed By: SCHERTZ, ROBIN L. APN on 3/30/2022 at 7:55:17AM

Transcribed By: RB



**ILLINOIS  
CANCERCARE, P.C.**

*Specializing in Adult and Adolescent Cancers*

Patient: Saunders, Sandra L.  
Attending Physician: Ku, Kimberly P

Account #: 2162557  
Dictated By: Ku, Kimberly P

DOB: 6/30/1970

Age: 51  
Gender: Female

## PROGRESS NOTE

Date of Service: 2/10/2022

Advanced Directive - Yes-request pt bring copy

Depression Screen - Negative

Performance Status: ECOG

Allergies:

Latex, Natural Rubber

### Medications:

1. fluconazole tab 100 mg
2. Compazine 1 tab every 6 hours for nausea/vomiting 10 mg
3. Zofran 1 tab every 8 hours for nausea/vomiting 8 mg
4. Claritin 1 tab Daily 10 mg
5. famotidine 1 tab Daily 20 mg
6. potassium chloride 2 tab Daily 20 mEq
7. Neupogen 1 Syringe SQ daily x 10 days starting day after IV chemo 480 mcg/0.8 mL
8. capecitabine 4 tab twice a day on days 1-14 q21 500 mg

### Family History:

Denies malignancies or hematologic disorders

### Social History:

Smoking Status - 4 Never smoker

### Health Maintenance:

Covid-19 Vaccine - Yes  
Pneumovax - 2-No  
Mammogram in past year 40-69 - 2-No  
Colonoscopy in last 10 yrs - 1-Yes

### Hem/Onc Problem List:

Microcytic anemia

Adenocarcinoma of the cecum

TSC1 VUS

Chief Complaint: refractory colon cancer

### Assessment/Plan:

1. Stage III adenocarcinoma of the cecum, right sided colon cancer. Treated with adjuvant Cape ox x4 cycles complicated and delayed by neutropenia and thrombocytopenia. Negative for DPD deficiency. Now with finding of biopsy proven progressive metastatic right external iliac lymph node in spite of treatment.
2. Reviewed PET findings of avid right external iliac chain lymph nodes and aortocaval lymph nodes. Spoke with Dr. Fernandes and Dr. Lath who note due to sensitive location would not be able to offer localized therapies such as oligometastectomy or SBRT. Unfortunately will have to treat as unresectable metastatic disease in palliative fashion.
3. Will switch treatment to cape-IRI. Given her liver cirrhosis, will also request EGD before initiating bevacizumab. Also still awaiting NGS results to evaluate for appropriate biologic therapy of RAS/RAF/BRAF pathway, particularly with her aggressive right-sided presentation of disease.
4. Will refer to University of Chicago for second opinion of surgical/radiation options.
5. Iron efficiency anemia. Secondary to malignancy. IV iron given Sept 2021 with adequate stores upon recheck in October. With reduced ferritin stores once again, concerning with above CT findings. Has had 2 doses IV iron so next check planned in end of this month.
6. Thrombocytopenia. Treatment related, also possible from her liver cirrhosis.
7. Elevated AST and ALT. Improved now. Potentially from history of fatty liver/cirrhosis noted radiographically as well as oxaliplatin chemotherapy. No liver mets seen on restaging imaging. Negative updated HIV and hepatitis serologies.
8. I spent a total of 55 minutes on the day of the encounter caring for Ms. Saunders, reviewing labs, evaluating Ms. Saunders and recording in the EMR

### Future Appointments/Tests:

1. Follow up and Tests - cbc, cmp, mg, cea in 1 wk w ku or apn
2. dx: colon cancer, liver cirrhosis

Pain Score: Pain Intensity-Current - 0

Pain Plan:

Cancer/Hematological History:

Staging: IIIC (pT4a pN2B cM0)

Colon cancer

Illinois CancerCare

8940 N. Wood Sage Road - Peoria, IL 61615 (309) 243 3000



- 9/3/2021 colonoscopy with cecum mass invasive adenocarcinoma and descending colon with a tubular adenoma.
- 9/15/2021 hemicolectomy path. pT4A pN2B. Grade 2 adenocarcinoma. Invades visceral peritoneum. Macroscopic tumor perforation present. Lymphovascular invasion present. No perineal invasion. 9 out of 15 lymph nodes present. Right colon And small bowel tissues with MMR stable
- 9/18/2021 CT PE chest negative
- 9/23/2021 CEA 0.9
- CT abdomen pelvis without any evidence of metastasis
- 9/27/2021 hemoglobin 9.7
- 10/7/2021 Invitae with TSC1 C. 1735A>G VUS. heterozygous
- 10/11/2021 initiation of cycle 1 day 1 capecox
- 11/22/2021 cycle 3-day 1 delayed due to neutropenia and thrombocytopenia
- 12/6/2021 resumed cycle 3-day 1 with dose reduced oxaliplatin of 75 meg per meter squared, kept the same capecitabine dose
- 12/27/2021 continue cycle 4-day 1 with dose reduced oxaliplatin, same capecitabine dose. Neupogen support similar to cycle 3
- 1/13/2022 CT chest abdomen pelvis with new abnormal lymph node in the right external iliac chain and right periaortic. CT-guided biopsy recommended for the external iliac chain. Otherwise no metastatic disease noted
- 1/17/2022 cycle 5-day 1 treatment held due to neutropenia and plan for biopsy of the above
- 1/27/2022 right external iliac chain lymph node with adenocarcinoma with extensive necrosis consistent with metastatic colonic adenocarcinoma
- 2/9/2022 PET scan with avidity of aortocaval and right external iliac chain lymph nodes

**Anemia**

- 8/11/2021 hemoglobin 10.7, MCV 68.6, platelets 133, elevated RDW, white blood cell 16.3. In the context of possible enteritis, suspecting possible Crohn's disease
- CT abdomen pelvis with wall thickening and submucosal edema in the terminal ileum and distal small bowel. Mildly enlarged mesenteric lymph nodes likely reactive. Previously noted masslike thickening of the cecum from July 13, 2021 and necrotic adenopathy in the right lower quadrant seem less pronounced on August 2021 CT. Infectious disease following and considering potential of a
- 8/24/2021 ferritin of 37

**Pertinent Medical/Surgical Problems:**

- Denies
- Liver cirrhosis noted from Sept 2021 abdominal imaging based on liver nodularity
- Tubal ligation

HPI Ms. Saunders is a 51-year-old female with history of colon cancer with anemia. She notes overall doing well physically with no pain, no bleeding, no fevers/chills. Understandably overwhelmed by current situation.

Review of Systems: A 12 point review of systems is obtained and other than the above is noncontributory.

Vital Signs: B/P (mmHg) - 134/84; P (/min) - 90; T (F) - 97.3; Weight (lb) - 184.6; Pulse Ox. (%) - 99; HEIGHT (inch) - 64; BSA(D) (m\*2) - 1.89; BMI(A) (kg/m2) - 31.7 H

Physical Exam:

CONSTITUTIONAL: Alert, oriented, well-developed female in no acute distress.

EYES: PERRLA, EOMI, no scleral icterus.

RESPIRATORY: Clear to auscultation without wheezes or rhonchi.

Respiratory effort is easy and regular.

CARDIAC: Regular rate and rhythm without murmurs.

GASTROINTESTINAL: Abdomen is soft without hepatosplenomegaly. Bowel sounds active.

EXTREMITIES: No clubbing, cyanosis or edema.

INTEGUMENTARY: No rashes, bruising or petechiae.

NEUROLOGIC: Alert and oriented with motor function and sensation grossly intact. Cranial nerves II through XII are full to confrontation.

PSYCHIATRIC: Coping well with current situation without any evidence of anxiety, depression or adjustment disorder

Data Reviewed:

Labs:

Date	11/8/21	11/22/21	11/29/21
CBC			
WBC (x1000/UL)	2.94 L	2.69 L	6.88
Hgb (g/dl)	12.20	11.80	12.20
Hct (%)	38.50	36.80 L	37.80
MCV (fl)	86.90	90.00	89.40
Plt (x1000/UL)	70.00 L	89.00 L	63.00 L
NE % (%)	35.00 L	27.80 L	57.00
LY % (%)	49.70	56.90 H	30.40
MO% (%)	12.60 H	13.40 H	11.30 H
NE # (x1000/UL)	1.03 L	0.75 L	3.92
LY # (x1000/UL)	1.46	1.53	2.09

MO # (x1000/UL)	0.37	0.36	0.78
CMP			
Glucose (mg/dL)	129.00 H	139.00 H	187.00 H
Sodium (meq/L)	138.00	138.00	136.00
Potassium (meq/L)	3.60	3.10 L	3.00 L
BUN (mg/dL)	6.00 L	5.00 L	5.00 L
Creatinine (mg/dL)	0.53 L	0.50 L	0.56 L
Albumin (g/dl)	3.90	3.70	3.40 L
Alkaline Phosphatase (iu/L)	140.00 H	151.00 H	288.00 H
Calcium (mg/dL)	9.50	9.50	8.80
ALT - SGPT (iu/L)	41.00	46.00	56.00 H
AST - SGOT (iu/L)	82.00 H	93.00 H	118.00 H
Bilirubin, Total (mg/dL)	0.60	0.70	0.50
Total Protein (g/dl)	7.30	7.20	7.00
Magnesium (mg/dL)	1.80 L	1.60 L	1.60 L
Tumor Markers/Immunoassays			
CEA (IMEA) (ng/ml)		3.10	

Discussion with Patient/Family/Other Providers: As noted above.

Orders:

1. MEDIPORT DRAW FEE + CBC - AUTO DIFF + CMP + MAGNESIUM  
11/29/2021 (C18.0) Malignant neoplasm of cecum, (D50.8) Other iron deficiency anemias, (E83.42) Hypomagnesemia
2. Additional hours, hydration once 11/29/2021 (C18.0) Malignant neoplasm of cecum
3. Additional hours, hydration once 11/29/2021 (C18.0) Malignant neoplasm of cecum

KU, KIMBERLY MD

CC: Kimberly Nord, FNP

Document Status: Approved

Electronically Signed By: KU, KIMBERLY P, MD on 11/29/2021 at 11:31:20AM

This document was completed utilizing speech recognition software. Grammatical errors, random word insertions, pronoun errors, and incomplete sentences are an

occasional consequence of this system due to software limitations, ambient noise, and hardware issues. Any formal questions or concerns about the content, text or information contained within the body of this dictation should be directly addressed to the provider for clarification.

Future Appointments/Tests:

3. Follow up and Tests - cbc, cmp, mg, cea in 1 wk w ku or apn
4. dx: colon cancer, liver cirrhosis

Pain Score: Pain Intensity-Current - 0

Pain Plan:

Cancer/Hematological History:

Staging: IIIC (pT4A pN2B cM0)

Colon cancer

- 9/3/2021 colonoscopy with cecum mass invasive adenocarcinoma and descending colon with a tubular adenoma.
- 9/15/2021 hemicolectomy path. pT4A pN2B. Grade 2 adenocarcinoma. Invades visceral peritoneum. Macroscopic tumor perforation present. Lymphovascular invasion present. No perineal invasion. 9 out of 15 lymph nodes present. Right colon And small bowel tissues with MMR stable
- 9/18/2021 CT PE chest negative
- 9/23/2021 CEA 0.9
- CT abdomen pelvis without any evidence of metastasis
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- 10/7/2021 Invitae with TSC1 C. 1735A>G VUS, heterozygous
- 10/11/2021 initiation of cycle 1 day 1 capecox
- 11/22/2021 cycle 3-day 1 delayed due to neutropenia and thrombocytopenia
- 12/6/2021 resumed cycle 3-day 1 with dose reduced oxaliplatin of 75 meg per meter squared, kept the same capecitabine dose

Anemia

- 8/11/2021 hemoglobin 10.7, MCV 68.6, platelets 133, elevated RDW, white blood cell 16.3. In the context of possible enteritis, suspecting possible Crohn's disease
- CT abdomen pelvis with wall thickening and submucosal edema in the terminal ileum and distal small bowel. Mildly enlarged mesenteric lymph nodes likely reactive. Previously noted masslike thickening of the cecum from July 13, 2021 and necrotic adenopathy in the right lower quadrant seem less pronounced on August 2021 CT. Infectious disease following and considering potential of a
- 8/24/2021 ferritin of 37

Pertinent Medical/Surgical Problems:

- Denies
- Liver cirrhosis noted from Sept 2021 abdominal imaging based on liver nodularity
- Tubal ligation

HPI:

Review of Systems: A 12 point review of systems is obtained and other than the above is noncontributory.

Vital Signs:

B/P (mmHg) - 122/85; P (/min) - 60; T (F) - 96.9; Weight (lb) - 184.4; Pulse Ox. (%) - 97; BSA(D) (m<sup>2</sup>) - 1.89; BMI(A) (kg/m<sup>2</sup>) - 31.7 H

Physical Exam:

**CONSTITUTIONAL:** Alert, oriented, well-developed female in no acute distress.  
**EYES:** PERRLA, EOMI, no scleral icterus.  
**RESPIRATORY:** Clear to auscultation without wheezes or rhonchi.  
 Respiratory effort is easy and regular.  
**CARDIAC:** Regular rate and rhythm without murmurs.  
**GASTROINTESTINAL:** Abdomen is soft without hepatosplenomegaly. Bowel sounds active.  
**EXTREMITIES:** No clubbing, cyanosis or edema.  
**INTEGUMENTARY:** No rashes, bruising or petechiae.  
**NEUROLOGIC:** Alert and oriented with motor function and sensation grossly intact. Cranial nerves II through XII are full to confrontation.  
**PSYCHIATRIC:** Coping well with current situation without any evidence of anxiety, depression or adjustment disorder

Data Reviewed:

Labs:

1.

**Future Appointments/Tests:**

5. Follow up and Tests - refer to uChicago surgical oncology, med onc, and rad onc for metastatic colon cancer asap
6. send to dr. clark for EGD to see if she has varices, has hx liver cirrhosis and may need avastin
7. cbc, cmp, cea, mg, AP in 2 wks for apn chemo teach
8. treat w 1 week tox check cbc, cmp., mg

**Pain Score:** Pain Intensity-Current - 0**Pain Plan:****Cancer/Hematological History:****Staging:** IIIC (pT4A pN2B cM0)**Colon cancer**

- 9/3/2021 colonoscopy with cecum mass invasive adenocarcinoma and descending colon with a tubular adenoma.
- 9/15/2021 hemicolectomy path. pT4A pN2B. Grade 2 adenocarcinoma. Invades visceral peritoneum. Macroscopic tumor perforation present. Lymphovascular invasion present. No perineal invasion. 9 out of 15 lymph nodes present Right colon And small bowel tissues with MMR stable
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- 9/23/2021 CEA 0.9
- CT abdomen pelvis without any evidence of metastasis
- 9/27/2021 hemoglobin 9.7
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- 12/6/2021 resumed cycle 3-day 1 with dose reduced oxaliplatin of 75 meg per meter squared, kept the same capecitabine dose

- 12/27/2021 continue cycle 4-day 1 with dose reduced oxaliplatin, same capecitabine dose, Neupogen support similar to cycle 3
- 1/13/2022 CT chest abdomen pelvis with new abnormal lymph node in the right external iliac chain and right periaortic. CT-guided biopsy recommended for the external iliac chain. Otherwise no metastatic disease noted.
- 1/17/2022 cycle 5-day 1 treatment held due to neutropenia and plan for biopsy of the above

**Anemia**

- 8/11/2021 hemoglobin 10.7, MCV 68.6, platelets 133, elevated RDW, white blood cell 16.3. In the context of possible enteritis, suspecting possible Crohn's disease
- CT abdomen pelvis with wall thickening and submucosal edema in the terminal ileum and distal small bowel. Mildly enlarged mesenteric lymph nodes likely reactive. Previously noted masslike thickening of the cecum from July 13, 2021 and necrotic adenopathy in the right lower quadrant seem less pronounced on August 2021 CT. Infectious disease following and considering potential of a
- 8/24/2021 ferritin of 37

**Pertinent Medical/Surgical Problems:**

- Denies
- Liver cirrhosis noted from Sept 2021 abdominal imaging based on liver nodularity
- Tubal ligation

**HP:** Ms. Saunders is a 51-year-old female with

**Review of Systems:** A 12 point review of systems is obtained and other than the above is noncontributory.

**Vital Signs:** B/P (mmHg) - 144/89; P (/min) - 86; T (F) - 97.1; Weight (lb) - 183.6; Pulse Ox. (%) - 98; HEIGHT (inch) - 64; BSA(D) (m<sup>2</sup>) - 1.89; BMI(A) (kg/m<sup>2</sup>) - 31.5 H

**Physical Exam:****Data Reviewed:****Labs:**

Date	1/17/22	2/9/22
<b>CBC</b>		
WBC (x1000/UL)	2.51 L	4.03 L
Hgb (g/dl)	11.90	13.40
Hct (%)	36.50 L	40.80
MCV (fl)	100.30 H	101.20 H
Plt (x1000/UL)	88.00 L	82.00 L
NE % (%)	34.60 L	58.40
LY % (%)	52.20	31.50
MO % (%)	9.20	7.90
NE # (x1000/UL)	0.87 L	2.35
LY # (x1000/UL)	1.31	1.27
MO # (x1000/UL)	0.23	0.32
<b>CMP</b>		
Glucose (mg/dL)	173.00 H	122.00 H

Patient Name: Saunders, Sandra L.

DOB: 6/30/1970

Account #: 2162557

Sodium (mcq/L)	137.00	137.00
Potassium (mcq/L)	3.60	3.50
BUN (mg/dL)	7.00	8.00
Creatinine (mg/dL)	0.48 L	0.55 L
Albumin (g/dl)	3.40 L	3.90
Alkaline Phosphatase (iu/L)	201.00 H	156.00 H
Calcium (mg/dL)	9.40	9.80
ALT - SGPT (iu/L)	104.00 H	50.00
AST - SGOT (iu/L)	114.00 H	74.00 H
Bilirubin, Total (mg/dL)	0.90	1.10 H
Total Protein (g/dl)	6.80	7.70
Magnesium (mg/dL)	1.60 L	1.70 L
<b>Tumor Markers/Immunoassays</b>		
CFA (IMEA) (ng/ml)	5.20 H	3.60

Discussion with Patient/Family/Other Providers: As noted above.

KU, KIMBERLY MD

CC: Kimberly Nord, FNP

Document Status: Approved

Electronically Signed By: KU, KIMBERLY P. MD on 2/10/2022 at 10:27:46AM

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**ILLINOIS  
CANCERCARE, P.C.**

*Specializing in Cancer and Blood Disorders*

Patient: Saunders, Sandra L.  
Attending Physician: Ku, Kimberly P

Account #: 2162557  
Dictated By: Ku, Kimberly P

DOB: 6/30/1970

Age: 51  
Gender: Female

### PROGRESS NOTE

Date of Service: 1/17/2022

Advanced Directive - Yes-request pt bring copy

Depression Screen - Negative

Performance Status: ECOG 0

Allergies:

Latex, Natural Rubber

#### Medications:

1. fluconazole tab 100 mg
2. Compazine 1 tab every 6 hours for nausea/vomiting 10 mg
3. Zofran 1 tab every 8 hours for nausea/vomiting 8 mg
4. Claritin 1 tab Daily 10 mg
5. famotidine 1 tab Daily 20 mg
6. potassium chloride 2 tab Daily 20 mEq
7. Neupogen 1 Syringe SQ daily x 10 days starting day after IV chemo 480 mcg 0.8 mL
8. capecitabine 4 tab twice a day on days 1-14 q21 500 mg

#### Family History:

Denies malignancies or hematologic disorders

#### Social History:

Smoking Status - 4 Never smoker

#### Health Maintenance:

Covid-19 Vaccine - Yes  
COVID Booster - Yes  
Which Vaccine - Pfizer  
Pneumovax - 2-No  
Mammogram in past year 40-69 - 2-No  
Colonoscopy in last 10 yrs - 1-Yes

#### Hem/Onc Problem List:

Microcytic anemia

Adenocarcinoma of the cecum

TSC1 VUS

Chief Complaint: Follow-up for colon cancer

#### Assessment/Plan:

1. Stage III adenocarcinoma of the cecum. Currently being treated with adjuvant Cape ox, due for cycle 5 day 1. Previously delayed 2 weeks due to neutropenia and thrombocytopenia. Counts still mildly with neutropenia and thrombocytopenia in spite of neupogen support and dose reduced oxaliplatin 75 mg/m2. Checking for DPD deficiency as may need to lower the 5FU. Holding therapy today given neutropenic and also need to investigate external iliac and periaortic lymph node growth on restaging CT.
2. Normal baseline CEA remains slightly elevated. Nonspecific finding but concerning given CT findings.
3. Hypomagnesemia. IV per protocol today.
4. Iron deficiency anemia. Secondary to malignancy. IV iron given Sept 2021 with adequate stores upon recheck in October. With reduced ferritin stores once again, concerning with above CT findings. Plan 2 additional doses of IV iron and then recheck again in late February to early March 2022.
5. Elevated AST and ALT. Very slow gradual rise. Potentially from history of fatty liver/cirrhosis noted radiographically as well as oxaliplatin chemotherapy. No liver mets seen on restaging imaging. Negative updated HIV and hepatitis serologies. Has stabilized after dose reduction of oxaliplatin as noted above.
6. TSC1 VUS. Eligible for Invitae VUS testing of up to 2 family members. Genetics team previously has reached out to her on this topic.
7. Will notify Dr. Lath of these new lymph node findings, pending IR biopsy for further multidisciplinary care.
8. I spent a total of 35 minutes on the day of the encounter caring for Ms. Saunders, reviewing labs, evaluating Ms. Saunders and recording in the EMR.

#### Future Appointments/Tests:

1. Follow up and Tests - cbc, cmp, mg, cea in 1 wk w ku or apn
2. dx: colon cancer, liver cirrhosis

Pain Score: Pain Intensity-Current - 0

Pain Plan:

Cancer/Hematological History:

Staging: IIIC (pT4A pN2B cM0)

Colon cancer

- 9/3/2021 colonoscopy with cecum mass invasive adenocarcinoma and descending colon with a tubular adenoma.
- 9/15/2021 hemicolectomy path. pT4A pN2B. Grade 2 adenocarcinoma. Invades visceral peritoneum. Macroscopic tumor perforation present.



Lymphovascular invasion present. No perineal invasion. 9 out of 15 lymph nodes present. Right colon And small bowel tissues with MMR stable

9/18/2021 CT PE chest negative

- 9/23/2021 CEA 0.9

- CT abdomen pelvis without any evidence of metastasis

- 9/27/2021 hemoglobin 9.7

- 10/7/2021 Invitae with TSC1 C. 1735A>G VUS, heterozygous

- 10/11/2021 initiation of cycle 1 day 1 capecox

- 11/22/2021 cycle 3-day 1 delayed due to neutropenia and thrombocytopenia

- 12/6/2021 resumed cycle 3-day 1 with dose reduced oxaliplatin of 75 meg per meter squared, kept the same capecitabine dose

- 12/27/2021 continue cycle 4-day 1 with dose reduced oxaliplatin, same capecitabine dose, Neupogen support similar to cycle 3

- 1/13/2022 CT chest abdomen pelvis with new abnormal lymph node in the right external iliac chain and right periaortic. CT-guided biopsy recommended for the external iliac chain. Otherwise no metastatic disease noted.

- 1/17/2022 cycle 5-day 1 treatment held due to neutropenia and plan for biopsy of the above

#### Anemia

-8/11/2021 hemoglobin 10.7, MCV 68.6, platelets 133, elevated RDW, white blood cell 16.3. In the context of possible enteritis, suspecting possible Crohn's disease

-CT abdomen pelvis with wall thickening and submucosal edema in the terminal ileum and distal small bowel. Mildly enlarged mesenteric lymph nodes likely reactive. Previously noted masslike thickening of the cecum from July 13, 2021 and necrotic adenopathy in the right lower quadrant seem less pronounced on August 2021 CT. Infectious disease following and considering potential of a

-8/24/2021 ferritin of 37

#### Pertinent Medical/Surgical Problems:

-Denies

-Liver cirrhosis noted from Sept 2021 abdominal imaging based on liver nodularity

-Tubal ligation

HPI: Ms. Saunders is a 51-year-old female with history of colon cancer with anemia. She notes overall doing well. No nausea or vomiting. No neuropathy. She denies having any pain. No fevers or chills. No bleeding. Tolerated last cycle of chemotherapy much better with the dose reduction.

Review of Systems: A 12 point review of systems is obtained and other than the above is noncontributory.

Vital Signs: B/P (mmHg) - 134/84; P (/min) - 90; T (F) - 97.3; Weight (lb) - 184.6; Pulse Ox. (%) - 99; HEIGHT (inch) - 64; BSA(D) (m<sup>2</sup>) - 1.89; BMI(A) (kg/m<sup>2</sup>) - 31.7 H

#### Physical Exam:

CONSTITUTIONAL: Alert, oriented, well-developed female in no acute distress.

EYES: PERRLA, EOMI, no scleral icterus.

**RESPIRATORY:** Clear to auscultation without wheezes or rhonchi.  
**CARDIAC:** Respiratory effort is easy and regular.  
**GASTROINTESTINAL:** Regular rate and rhythm without murmurs.  
 Abdomen is soft without hepatosplenomegaly. Bowel  
 sounds active  
**EXTREMITIES:** No clubbing, cyanosis or edema.  
**INTEGUMENTARY:** No rashes, bruising or petechiae.  
**NEUROLOGIC:** Alert and oriented with motor function and sensation  
 grossly intact. Cranial nerves II through XII are full to  
 confrontation.  
**PSYCHIATRIC:** Coping well with current situation without any evidence of  
 anxiety, depression or adjustment disorder

Data Reviewed:

Labs:

Date	11/8/21	11/22/21	11/29/21
CBC			
WBC (x1000/UL)	2.94 L	2.69 L	6.88
Hgb (g/dl)	12.20	11.80	12.20
Hct (%)	38.50	36.80 L	37.80
MCV (fl)	86.90	90.00	89.40
Plt (x1000/UL)	70.00 L	89.00 L	63.00 L
NE % (%)	35.00 L	27.80 L	57.00
LY % (%)	49.70	56.90 H	30.40
MO % (%)	12.60 H	13.40 H	11.30 H
NE # (x1000/UL)	1.03 L	0.75 L	3.92
LY # (x1000/UL)	1.46	1.53	2.09
MO # (x1000/UL)	0.37	0.36	0.78
CMP			
Glucose (mg/dL)	129.00 H	139.00 H	187.00 H
Sodium (mcq/L)	138.00	138.00	136.00
Potassium (mcq/L)	3.60	3.10 L	3.00 L

BUN (mg/dL)	6.00 L	5.00 L	5.00 L
Creatinine (mg/dL)	0.53 L	0.50 L	0.56 L
Albumin (g/dl)	3.90	3.70	3.40 L
Alkaline Phosphatase (iu/L)	140.00 H	151.00 H	288.00 H
Calcium (mg/dL)	9.50	9.50	8.80
ALT - SGPT (iu/L)	41.00	46.00	56.00 H
AST - SGOT (iu/L)	82.00 H	93.00 H	118.00 H
Bilirubin, Total (mg/dL)	0.60	0.70	0.50
Total Protein (g/dl)	7.30	7.20	7.00
Magnesium (mg/dL)	1.80 L	1.60 L	1.60 L

## Tumor Markers/Immunoassays

CEA (IMEA) (ng/ml) 3.10

Discussion with Patient/Family/Other Providers: As noted above.

## Orders:

1. MEDIPORT DRAW FEE + CBC - AUTO DIFF + CMP + MAGNESIUM  
11/29/2021 (C18.0) Malignant neoplasm of cecum, (D50.8) Other iron deficiency anemias, (E83.42) Hypomagnesemia
2. Additional hours, hydration once 11/29/2021 (C18.0) Malignant neoplasm of cecum
3. Additional hours, hydration once 11/29/2021 (C18.0) Malignant neoplasm of cecum

KU, KIMBERLY MD

CC: Kimberly Nord, FNP

Document Status: Approved

Electronically Signed By: KU, KIMBERLY P, MD on 11/29/2021 at 11:31:20AM

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## Future Appointments/Tests:

3. Follow up and Tests - cbc, cmp, mg, cca in 1 wk w ku or apn
4. dx: colon cancer, liver cirrhosis

Pain Score: Pain Intensity-Current - 0

Pain Plan:

Cancer/Hematological History:

Staging: IIIC (pT4A pN2B cM0)

## Colon cancer

- 9/3/2021 colonoscopy with cecum mass invasive adenocarcinoma and descending colon with a tubular adenoma.
- 9/15/2021 hemicolectomy path. pT4A pN2B. Grade 2 adenocarcinoma. Invades visceral peritoneum. Macroscopic tumor perforation present. Lymphovascular invasion present. No perineal invasion. 9 out of 15 lymph nodes present. Right colon And small bowel tissues with MMR stable
- 9/18/2021 CT PE chest negative
- 9/23/2021 CEA 0.9
- CT abdomen pelvis without any evidence of metastasis
- 9/27/2021 hemoglobin 9.7
- 10/7/2021 Invitae with TSC1 C. 1735A>G VUS, heterozygous
- 10/11/2021 initiation of cycle 1 day 1 capecox
- 11/22/2021 cycle 3-day 1 delayed due to neutropenia and thrombocytopenia
- 12/6/2021 resumed cycle 3-day 1 with dose reduced oxaliplatin of 75 mcg per meter squared. kept the same capecitabine dose

## Anemia

- 8/11/2021 hemoglobin 10.7, MCV 68.6, platelets 133, elevated RDW, white blood cell 16.3. In the context of possible enteritis, suspecting possible Crohn's disease
- CT abdomen pelvis with wall thickening and submucosal edema in the terminal ileum and distal small bowel. Mildly enlarged mesenteric lymph nodes likely reactive. Previously noted masslike thickening of the cecum from July 13, 2021 and necrotic adenopathy in the right lower quadrant seem less pronounced on August 2021 CT. Infectious disease following and considering potential of a
- 8/24/2021 ferritin of 37

## Pertinent Medical/Surgical Problems:

- Denies
- Liver cirrhosis noted from Sept 2021 abdominal imaging based on liver nodularity
- Tubal ligation

## HPI:

Review of Systems: A 12 point review of systems is obtained and other than the above is noncontributory.

## Vital Signs:

B/P (mmHg) - 122/85; P (/min) - 60; T (F) - 96.9; Weight (lb) - 184.4; Pulse Ox. (%) - 97; BSA(D) (m\*2) - 1.89; BMI(A) (kg/m2) - 31.7 H

## Physical Exam:

CONSTITUTIONAL:	Alert, oriented, well-developed female in no acute distress.
EYES:	PERRLA, EOMI, no scleral icterus.
RESPIRATORY:	Clear to auscultation without wheezes or rhonchi. Respiratory effort is easy and regular.
CARDIAC:	Regular rate and rhythm without murmurs.
GASTROINTESTINAL:	Abdomen is soft without hepatosplenomegaly. Bowel sounds active.
EXTREMITIES:	No clubbing, cyanosis or edema.
INTEGUMENTARY:	No rashes, bruising or petechiae.

**NEUROLOGIC:** Alert and oriented with motor function and sensation grossly intact. Cranial nerves II through XII are full to confrontation.

**PSYCHIATRIC:** Coping well with current situation without any evidence of anxiety, depression or adjustment disorder

**Data Reviewed:**

**Labs:**

**Chief Complaint:**

**Assessment/Plan:**

1.

**Future Appointments/Tests:**

5.

**Pain Score:** Pain Intensity-Current - 0

**Pain Plan:**

**Cancer/Hematological History:**

**Staging:** IIIC (pT4A pN2B cM0)

**Colon cancer**

- 9/3/2021 colonoscopy with cecum mass invasive adenocarcinoma and descending colon with a tubular adenoma.
- 9/15/2021 hemicolectomy path pT4A pN2B. Grade 2 adenocarcinoma Invades visceral peritoneum. Macroscopic tumor perforation present. Lymphovascular invasion present. No perineal invasion. 9 out of 15 lymph nodes present. Right colon And small bowel tissues with MMR stable
- 9/18/2021 CT PE chest negative
- 9/23/2021 CEA 0.9
- CT abdomen pelvis without any evidence of metastasis
- 9/27/2021 hemoglobin 9.7
- 10/7/2021 Invitae with TSC1 C. 1735A>G VUS. heterozygous
- 10/11/2021 initiation of cycle 1 day 1 capcox
- 11/22/2021 cycle 3-day 1 delayed due to neutropenia and thrombocytopenia
- 12/6/2021 resumed cycle 3-day 1 with dose reduced oxaliplatin of 75 meg per meter squared, kept the same capecitabine dose
- 12/27/2021 continue cycle 4-day 1 with dose reduced oxaliplatin, same capecitabine dose, Neupogen support similar to cycle 3

**Anemia**

- 8/11/2021 hemoglobin 10.7, MCV 68.6, platelets 133, elevated RDW, white blood cell 16.3. In the context of possible enteritis, suspecting possible Crohn's disease
- CT abdomen pelvis with wall thickening and submucosal edema in the terminal ileum and distal small bowel. Mildly enlarged mesenteric lymph nodes likely reactive. Previously noted masslike thickening of the cecum from July 13, 2021 and necrotic adenopathy in the right lower quadrant seem less pronounced on August 2021 CT. Infectious disease following and considering potential of a
- 8/24/2021 ferritin of 37

**Pertinent Medical/Surgical Problems:**

- Denies
- Liver cirrhosis noted from Sept 2021 abdominal imaging based on liver nodularity
- Tubal ligation

**HPI:** Ms. Saunders is a 51-year-old female with

**Review of Systems:** A 12 point review of systems is obtained and other than the above is noncontributory.

**Vital Signs:** B/P (mmHg) - 119/84; P (/min) - 83; T (F) - 96; Weight (lb) - 185.6; Pulse Ox. (%) - 98; HEIGHT (inch) - 64; BSA(D) (m\*2) - 1.89; BMI(A) (kg/m2) - 31.9 H

**Physical Exam:****Data Reviewed:****Labs:**

Date	12/27/21	1/17/22
<b>CBC</b>		
WBC (x1000/UL)	3.41 L	2.51 L
Hgb (g/dl)	12.60	11.90
Hct (%)	37.90	36.50 L
MCV (fl)	95.00	100.30 H
Plt (x1000/UL)	108.00 L	88.00 L
NE % (%)	28.70 L	34.60 L
LY % (%)	53.40	52.20
MO % (%)	13.50 H	9.20
NE # (x1000/UL)	0.98 L	0.87 L
LY # (x1000/UL)	1.82	1.31
MO # (x1000/UL)	0.46	0.23
<b>CMP</b>		
Glucose (mg/dL)	154.00 H	173.00 H
Sodium (mcq/L)	141.00	137.00
Potassium (mcq/L)	3.50	3.60
BUN (mg/dL)	6.00 L	7.00
Creatinine (mg/dL)	0.52 L	0.48 L
Albumin (g/dl)	3.60	3.40 L
Alkaline Phosphatase (iu/L)	157.00 H	201.00 H
Calcium (mg/dL)	9.20	9.40
ALT - SGPT (iu/L)	82.00 H	104.00 H
AST - SGOT (iu/L)	137.00 H	114.00 H
Bilirubin, Total (mg/dL)	0.70	0.90
Total Protein (g/dl)	7.40	6.80
Magnesium (mg/dL)	1.70 L	1.60 L
<b>Tumor Markers/Immunoassays</b>		
CEA (IMEA) (ng/ml)	5.60 H	5.20 H
<b>Anemia Panel</b>		
Iron (ug/dL)	54.00	
UIBC (ug/dL)	374.00 H	
FERRITIN (ng/ml)	59.00	
Iron % Saturation (%)	13.00 L	
VITAMIN B12 (pg/ml)	1.663.00 H	

Patient Name: Saunders, Sandra L.

DOB: 6/30/1970

Account #: 2162557

FOLATE (ng/ml)	10.70	
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Discussion with Patient/Family/Other Providers: As noted above.

KU, KIMBERLY MD

CC: Kimberly Nord, FNP

Document Status: Approved

Electronically Signed By: KU, KIMBERLY P, MD on 1/17/2022 at 9:54:36AM

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**ILLINOIS  
CANCERCARE, P.C.**

*Specializing in Cancer and Blood Disorders*

Patient: Saunders, Sandra L.  
Attending Physician: Ku, Kimberly P

Account #: 2162557  
Dictated By: Ku, Kimberly P

DOB: 6/30/1970

Age: 51  
Gender: Female

### PROGRESS NOTE

Date of Service: 12/27/2021

Advanced Directive - Yes-request pt bring copy

Depression Screen - Negative

Performance Status: ECOG 0

Allergies:

Latex, Natural Rubber

#### Medications:

1. fluconazole tab 100 mg
2. Compazine 1 tab every 6 hours for nausea/vomiting 10 mg
3. Zofran 1 tab every 8 hours for nausea/vomiting 8 mg
4. Claritin 1 tab Daily 10 mg
5. famotidine 1 tab Daily 20 mg
6. potassium chloride 2 tab Daily 20 mEq
7. Neupogen 1 Syringe SQ daily x 10 days starting day after IV chemo 480 mcg/0.8 mL
8. capecitabine 4 tab twice a day on days 1-14 q21 500 mg

#### Family History:

Denies malignancies or hematologic disorders

#### Social History:

Smoking Status - 4 Never smoker

#### Health Maintenance:

Covid-19 Vaccine - Yes  
COVID Booster - Yes  
Which Vaccine - Pfizer  
Pneumovax - 2-No  
Mammogram in past year 40-69 - 2-No  
Colonoscopy in last 10 yrs - 1-Yes

#### Hem/Onc Problem List:

Microcytic anemia

Adenocarcinoma of the cecum

TSC1 VUS

Chief Complaint: Follow-up for colon cancer

#### Assessment/Plan:

1. Stage III adenocarcinoma of the cecum. Currently being treated with adjuvant Cape ox currently cycle 4 day 1. Previously delayed 2 weeks due to neutropenia and thrombocytopenia. Counts improved though still mildly with neutropenia and thrombocytopenia. Plan to continue dose reduced oxaliplatin 75 mg/m2 today. Proceed with prophylactic Neupogen as before as well.
2. Normal baseline CEA now slightly elevated. Nonspecific finding. Will update her CT imaging as she is halfway through her treatment..
3. Hypomagnesemia. IV per protocol today.
4. Iron efficiency anemia. Secondary to malignancy. IV iron given Sept 2021 with adequate stores upon recheck in October. Now with reduced ferritin stores once again. We will proceed with 2 additional doses of IV iron and then recheck again in late February to early March 2022
5. Elevated AST and ALT. Very slow gradual rise. Potentially from history history of fatty liver/cirrhosis noted radiographically as well as oxaliplatin chemotherapy. Negative updated HIV and hepatitis serologies. Plan dose reduction of oxaliplatin as noted above and continue to monitor.
6. TSC1 VUS. Eligible for Invitae VUS testing of up to 2 family members. Genetics team previously has reached out to her on this topic.
7. I spent a total of 35 minutes on the day of the encounter caring for Ms. Saunders, reviewing labs, evaluating Ms. Saunders and recording in the EMR

#### Future Appointments/Tests:

1. Follow up and Tests - cbc, cmp, mg, cea in 1 wk w ku or apn
2. dx: colon cancer, liver cirrhosis

Pain Score: Pain Intensity-Current - 0

Pain Plan:

#### Cancer/Hematological History:

Staging: IIIC (pT4A pN2B cM0)

Colon cancer

- 9/3/2021 colonoscopy with cecum mass invasive adenocarcinoma and descending colon with a tubular adenoma.
- 9/15/2021 hemicolectomy path. pT4A pN2B. Grade 2 adenocarcinoma. Invades visceral peritoneum. Macroscopic tumor perforation present. Lymphovascular invasion present. No perineal invasion. 9 out of 15 lymph nodes present. Right colon And small bowel tissues with MMR stable
- 9/18/2021 CT PE chest negative



- 9/23/2021 CEA 0.9
- CT abdomen pelvis without any evidence of metastasis
- 9/27/2021 hemoglobin 9.7
- 10/7/2021 Invitae with TSC1 C. 1735A>G VUS, heterozygous
- 10/11/2021 initiation of cycle 1 day 1 capecox
- 11/22/2021 cycle 3-day 1 delayed due to neutropenia and thrombocytopenia
- 12/6/2021 resumed cycle 3-day 1 with dose reduced oxaliplatin of 75 mg per meter squared, kept the same capecitabine dose
- 12/27/2021 continue cycle 4-day 1 with dose reduced oxaliplatin, same capecitabine dose, Neupogen support similar to cycle 3

**Anemia**

- 8/11/2021 hemoglobin 10.7, MCV 68.6, platelets 133, elevated RDW, white blood cell 16.3. In the context of possible enteritis, suspecting possible Crohn's disease
- CT abdomen pelvis with wall thickening and submucosal edema in the terminal ileum and distal small bowel. Mildly enlarged mesenteric lymph nodes likely reactive. Previously noted masslike thickening of the cecum from July 13, 2021 and necrotic adenopathy in the right lower quadrant seem less pronounced on August 2021 CT. Infectious disease following and considering potential of a
- 8/24/2021 ferritin of 37

**Pertinent Medical/Surgical Problems:****Denies**

- Liver cirrhosis noted from Sept 2021 abdominal imaging based on liver nodularity
- Tubal ligation

**HPI:** Ms. Saunders is a 51-year-old female with history of colon cancer with anemia. She notes overall doing well. No nausea or vomiting. No neuropathy. She denies having any pain. No fevers or chills. No bleeding. Tolerated last cycle of chemotherapy much better with the dose reduction. Not as much nausea or difficulty with oral intake.

**Review of Systems:** A 12 point review of systems is obtained and other than the above is noncontributory.

**Vital Signs:** B/P (mmHg) - 134/84; P (/min) - 90; T (F) - 97.3; Weight (lb) - 184.6; Pulse Ox. (%) - 99; HEIGHT (inch) - 64; BSA(D) (m<sup>2</sup>) - 1.89; BMI(A) (kg/m<sup>2</sup>) - 31.7

**Physical Exam:****CONSTITUTIONAL:**

Alert, oriented, well-developed female in no acute distress.

**EYES:**

PERLLA, EOMI, no scleral icterus.

**RESPIRATORY:**

Clear to auscultation without wheezes or rhonchi.

Respiratory effort is easy and regular.

**CARDIAC:**

Regular rate and rhythm without murmurs.

**GASTROINTESTINAL:**

Abdomen is soft without hepatosplenomegaly. Bowel sounds active.

**EXTREMITIES:**

No clubbing, cyanosis or edema.

**INTEGUMENTARY:**

No rashes, bruising or petechiae.

**NEUROLOGIC:**

Alert and oriented with motor function and sensation grossly intact. Cranial nerves II through XII are full to confrontation.

## PSYCHIATRIC:

Coping well with current situation without any evidence of anxiety, depression or adjustment disorder

## Data Reviewed:

## Labs:

Date	11/8/21	11/22/21	11/29/21
CBC			
WBC (x1000/UL)	2.94 L	2.69 L	6.88
Hgb (g/dl)	12.20	11.80	12.20
Hct (%)	38.50	36.80 L	37.80
MCV (fl)	86.90	90.00	89.40
Plt (x1000/UL)	70.00 L	89.00 L	63.00 L
NE % (%)	35.00 L	27.80 L	57.00
LY % (%)	49.70	56.90 H	30.40
MO % (%)	12.60 H	13.40 H	11.30 H
NE # (x1000/UL)	1.03 L	0.75 L	3.92
LY # (x1000/UL)	1.46	1.53	2.09
MO # (x1000/UL)	0.37	0.36	0.78
CMP			
Glucose (mg/dL)	129.00 H	139.00 H	187.00 H
Sodium (mcq/L)	138.00	138.00	136.00
Potassium (mcq/L)	3.60	3.10 L	3.00 L
BU <sub>N</sub> (mg/dL)	6.00 L	5.00 L	5.00 L
Creatinine (mg/dL)	0.53 L	0.50 L	0.56 L
Albumin (g/dl)	3.90	3.70	3.40 L
Alkaline Phosphatase (iu/L)	140.00 H	151.00 H	288.00 H

Calcium (mg/dL)	9.50	9.50	8.80
ALT - SGPT (iu/L)	41.00	46.00	56.00 H
AST - SGOT (iu/L)	82.00 H	93.00 H	118.00 H
Bilirubin, Total (mg/dL)	0.60	0.70	0.50
Total Protein (g/dl)	7.30	7.20	7.00
Magnesium (mg/dL)	1.80 L	1.60 L	1.60 L

## Tumor Markers/Immunoassays

CEA (IMEA) (ng/ml) 3.10

Discussion with Patient/Family/Other Providers: As noted above.

## Orders:

1. MEDIPORT DRAW FEE + CBC - AUTO DIFF + CMP + MAGNESIUM  
11/29/2021 (C18.0) Malignant neoplasm of cecum, (D50.8) Other iron deficiency anemias, (E83.42) Hypomagnesemia
2. Additional hours, hydration once 11/29/2021 (C18.0) Malignant neoplasm of cecum
3. Additional hours, hydration once 11/29/2021 (C18.0) Malignant neoplasm of cecum

KU, KIMBERLY MD

CC: Kimberly Nord, FNP

Document Status: Approved

Electronically Signed By: KU, KIMBERLY P. MD on 11/29/2021 at 11:31:20AM

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1.

## Future Appointments/Tests:

3. Follow up and Tests - cbc, cmp, mg, cea in 1 wk w ku or apn
- 4 dx: colon cancer , liver cirrhosis
- 5.

Pain Score: Pain Intensity-Current - 0

Pain Plan:

## Cancer/Hematological History:

Staging: IIIC (pT4A pN2B cM0)

## Colon cancer

- 9/3/2021 colonoscopy with cecum mass invasive adenocarcinoma and descending colon with a tubular adenoma.

- 9/15/2021 hemicolectomy path. pT4A pN2B. Grade 2 adenocarcinoma. Invades visceral peritoneum. Macroscopic tumor perforation present. Lymphovascular invasion present. No perineal invasion. 9 out of 15 lymph nodes present. Right colon And small bowel tissues with MMR stable
- 9/18/2021 CT PE chest negative
- 9/23/2021 CEA 0.9
- CT abdomen pelvis without any evidence of metastasis
- 9/27/2021 hemoglobin 9.7
- 10/7/2021 Invitae with TSC1 C. 1735A>G VUS, heterozygous
- 10/11/2021 initiation of cycle 1 day 1 capeox
- 11/22/2021 cycle 3-day 1 delayed due to neutropenia and thrombocytopenia
- 12/6/2021 resumed cycle 3-day 1 with dose reduced oxaliplatin of 75 meg per meter squared, kept the same capecitabine dose

**Anemia**

- 8/11/2021 hemoglobin 10.7, MCV 68.6, platelets 133, elevated RDW, white blood cell 16.3. In the context of possible enteritis, suspecting possible Crohn's disease
- CT abdomen pelvis with wall thickening and submucosal edema in the terminal ileum and distal small bowel. Mildly enlarged mesenteric lymph nodes likely reactive. Previously noted masslike thickening of the cecum from July 13, 2021 and necrotic adenopathy in the right lower quadrant seem less pronounced on August 2021 CT. Infectious disease following and considering potential of a
- 8/24/2021 ferritin of 37

**Pertinent Medical/Surgical Problems:**

- Denies
- Liver cirrhosis noted from Sept 2021 abdominal imaging based on liver nodularity
- Tubal ligation

**HPI:**

Review of Systems: A 12 point review of systems is obtained and other than the above is noncontributory.

**Vital Signs:**

B/P (mmHg) - 122/85; P (/min) - 60; T (F) - 96.9, Weight (lb) - 184.4; Pulse Ox. (%) - 97; BSA(D) (m\*2) - 1.89; BMI(A) (kg/m2) - 31.7 H

**Physical Exam:**

<b>CONSTITUTIONAL:</b>	Alert, oriented, well-developed female in no acute distress.
<b>EYES:</b>	PERRLA, EOMI, no scleral icterus.
<b>RESPIRATORY:</b>	Clear to auscultation without wheezes or rhonchi.
	Respiratory effort is easy and regular.
<b>CARDIAC:</b>	Regular rate and rhythm without murmurs.
<b>GASTROINTESTINAL:</b>	Abdomen is soft without hepatosplenomegaly. Bowel sounds active.
<b>EXTREMITIES:</b>	No clubbing, cyanosis or edema.
<b>INTEGUMENTARY:</b>	No rashes, bruising or petechiae.

## NEUROLOGIC:

Alert and oriented with motor function and sensation grossly intact. Cranial nerves II through XII are full to confrontation.

## PSYCHIATRIC:

Coping well with current situation without any evidence of anxiety, depression or adjustment disorder

Data Reviewed:

Labs:

Date	11/29/2021	12/6/2021	12/27/2021
Time	9:58 AM	8:57 AM	9:02 AM
<b>CBC</b>			
WBC (x1000/UL)		3.61 L	3.41 L
RBC (x1000000/uL)		4.15 L	3.99 L
Hgb (g/dl)		12.20	12.60
Hct (%)		37.80	37.90
MCV (fl)		91.10	95.00
MCH (pg)		29.40	31.60 H
MCHC (g/dl)		32.30	33.20
Plt (x1000/UL)		101.00 L	108.00 L
NE % (%)		41.60	28.70 L
LY % (%)		49.30	53.40
MO % (%)		7.20	13.50 H
EO % (%)		1.10	3.80
BA % (%)		0.80	0.60
<b>CMP</b>			
Glucose (mg/dL)		120.00 H	154.00 H
Sodium (meq/L)		138.00	141.00
Potassium (meq/L)		3.40 L	3.50
Chloride (meq/L)		104.00	106.00
CO2 (meq/L)		27.00	28.00
BUN (mg/dL)		3.00 L	6.00 L
Creatinine (mg/dL)		0.49 L	0.52 L
eGFR		141	132
EGFR AA		171	160
Albumin (g/dl)		3.40 L	3.60
Alkaline Phosphatase (iu/L)		264.00 H	157.00 H
AGAP (mmol/L)		10.00	11.00
Calcium (mg/dL)		9.20	9.20
ALT - SGPT (iu/L)		62.00 H	82.00 H
AST - SGOT (iu/L)		112.00 H	137.00 H
Bilirubin, Total (mg/dL)		0.50	0.70
Total Protein (g/dl)		7.40	7.40
Magnesium (mg/dL)		1.60 L	1.70 L
<b>Tumor Markers/Immunoassays</b>			
CEA (IMEA) (ng/ml)		2.80	5.60 H
<b>Anemia Panel</b>			
Iron (ug/dL)			[C] 54.00
UIBC (ug/dL)			374.00 H

Patient Name: Saunders, Sandra L.

DOB: 6/30/1970

Account #: 2162557

FERRITIN (ng/ml)			59.00
Iron % Saturation (%)			13.00 L
VITAMIN B12 (pg/ml)			1,663.00 H
FOLATE (ng/ml)			10.70
<b>MANUAL DIFFERENTIAL</b>			
Plt. Est. (x1000)	67.00 L		
Plt. appearance	LARGE A		
-----			
CrCl (C&G) (ml/min)		179.54	168.45
<b>Other Labs</b>			
Albumin (g/dl)		3.4 L	3.6
Hepatitis B Surf Ab Quant (LC) (mIU/mL)			
Hep B Core Ab, IgM (LC)			
Hep C Virus Ab (LC) (s/co ratio)			
HIV Screen 4th Generation wRfx			
VERIFIED BY SCAN	Y		

KU, KIMBERLY MD

CC: Kimberly Nord, FNP

Document Status: Approved

Electronically Signed By: KU, KIMBERLY P, MD on 12/27/2021 at 11:26:32AM

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**ILLINOIS  
CANCERCARE, P.C.**

*Specializing in Cancer and Blood Disorders*

Patient: Saunders, Sandra L.  
Attending Physician: Ku, Kimberly P

Account #: 2162557  
Dictated By: Ku, Kimberly P

DOB: 6/30/1970

Age: 51  
Gender: Female

### PROGRESS NOTE

Date of Service: 11/29/2021

Advanced Directive - Yes-request pt bring copy

Depression Screen - Negative

Performance Status: ECOG 0

Allergies:

Latex, Natural Rubber

#### Medications:

1. fluconazole tab 100 mg
2. Compazine 1 tab every 6 hours for nausea/vomiting 10 mg
3. Zofran 1 tab every 8 hours for nausea/vomiting 8 mg
4. capecitabine 4 tab twice a day on days 1-14 q21 500 mg
5. Claritin 1 tab Daily 10 mg
6. famotidine 1 tab Daily 20 mg
7. potassium chloride 2 tab Daily 20 mEq
8. Neupogen 1 Syringe Daily x 5 days for Neutropenia 480 mcg/0.8 ml

#### Family History:

Denies malignancies or hematologic disorders

#### Social History:

Smoking Status - 4 Never smoker

#### Health Maintenance:

Covid-19 Vaccine - Yes  
COVID Booster - No  
Which Vaccine - Pfizer  
Pneumovax - 2-No  
Mammogram in past year 40-69 - 2-No  
Colonoscopy in last 10 yrs - 1-Yes

#### Hem/Onc Problem List:

Microcytic anemia  
Adenocarcinoma of the cecum  
TSC1 VUS

Chief Complaint: Follow-up for colon cancer

#### Assessment/Plan:

1. Stage III adenocarcinoma of the cecum. Currently being treated with adjuvant Cape ox currently cycle 3 day 1 delayed last week due to neutropenia, but now improved with Neupogen and plan to proceed with prophylactic Neupogen. Normal baseline CEA. However with persistent and worsening thrombocytopenia. The cytopenias while may be expected between cycles, seem to be worsening her given her liver cirrhosis history. We discussed delaying treatment for another week and having a dose reduce her oxaliplatin next week to 75mg/m2. Anticipate that if her platelets still run low next week, we may need to proceed with capecitabine alone until able to achieve platelet recovery so that she does not have too long of a dose delay/interruption for her high risk colon cancer.
2. Hypomagnesemia. IV per protocol today.
3. Hypokalemia. She had not been taking 40 mEq daily so we discussed starting that. We will also provide IV today, she noted that if it burns she will not be trying IV in the future.
4. Iron deficiency anemia. Secondary to malignancy. IV iron given Sept 2021 with adequate stores upon recheck in October. Plan interim follow up again of anemia panel in late Dec or early Jan 2022.
5. Elevated AST and ALT. Worsening. Potentially from history history of fatty liver/cirrhosis noted radiographically. Negative updated HIV and hepatitis serologies. Plan dose reduction of oxaliplatin as noted above.
6. TSC1 VUS. Eligible for Invitae VUS testing of up to 2 family members. Genetics team to reach out to her.
7. I spent a total of 20 minutes on the day of the encounter caring for Ms. Saunders, reviewing labs, evaluating Ms. Saunders and recording in the EMR

#### Future Appointments/Tests:

1. Follow up and Tests - cbc, cmp, mg, cca in 1 wk w ku or apn
2. dx: colon cancer, liver cirrhosis

Pain Score: Pain Intensity-Current - 0

Pain Plan:

Cancer/Hematological History:

Staging: IIIC (pT4A pN2B cM0)

Colon cancer

- 9/3/2021 colonoscopy with cecum mass invasive adenocarcinoma and descending colon with a tubular adenoma.
- 9/15/2021 hemicolectomy path. pT4A pN2B. Grade 2 adenocarcinoma. Invades visceral peritoneum. Macroscopic tumor perforation present. Lymphovascular invasion present. No perineural invasion. 9 out of 15 lymph nodes present. Right colon And small bowel tissues with MMR stable
- 9/18/2021 CT PE chest negative
- 9/23/2021 CEA 0.9
- CT abdomen pelvis without any evidence of metastasis
- 9/27/2021 hemoglobin 9.7
- 10/7/2021 Invitae with TSC1 C. 1735A>G VUS. heterozygous
- 10/11/2021 initiation of cycle 1 day 1 capecitabine
- 11/22/2021 cycle 3-day 1 delayed due to neutropenia and thrombocytopenia

#### Anemia

- 8/1/2021 hemoglobin 10.7, MCV 68.6, platelets 133, elevated RDW, white blood cell 16.3. In the context of possible enteritis, suspecting possible Crohn's disease
- CT abdomen pelvis with wall thickening and submucosal edema in the terminal ileum and distal small bowel. Mildly enlarged mesenteric lymph nodes likely reactive. Previously noted masslike thickening of the cecum from July 13, 2021 and necrotic adenopathy in the right lower quadrant seem less pronounced on August 2021 CT. Infectious disease following and considering potential of a
- 8/24/2021 ferritin of 37
- 10/11/2020 when restarted Xeloda with oxaliplatin

#### Pertinent Medical/Surgical Problems:

- Denies
- Liver cirrhosis noted from Sept 2021 abdominal imaging based on liver nodularity
- Tubal ligation

HPI: Ms. Saunders is a 51-year-old female with history of colon cancer with anemia. She notes overall doing well although still some reduced appetite. No nausea or vomiting. Admits that she has not been taking her oral potassium. She did complete her Neupogen injections without issue though. She denies having any pain. No fevers or chills. No bleeding. Denies alcohol or Tylenol use.

Review of Systems: A 12 point review of systems is obtained and other than the above is noncontributory

Vital Signs: B/P (mmHg) - 134/84; P (/min) - 90; T (F) - 97.3; Weight (lb) - 184.6; Pulse Ox. (%) - 99; HEIGHT (inch) - 64; BSA(D) (m<sup>2</sup>) - 1.89; BMI(A) (kg/m<sup>2</sup>) - 31.7



Physical Exam:  
 CONSTITUTIONAL: Alert, oriented, well-developed female in no acute distress.  
 EYES: PERRLA, EOMI, no scleral icterus.  
 RESPIRATORY: Clear to auscultation without wheezes or rhonchi.  
 Respiratory effort is easy and regular.  
 CARDIAC: Regular rate and rhythm without murmurs.  
 GASTROINTESTINAL: Abdomen is soft without hepatosplenomegaly. Bowel sounds active.  
 EXTREMITIES: No clubbing, cyanosis or edema.  
 INTEGUMENTARY: No rashes, bruising or petechiae.  
 NEUROLOGIC: Alert and oriented with motor function and sensation grossly intact. Cranial nerves II through XII are full to confrontation.  
 PSYCHIATRIC: Coping well with current situation without any evidence of anxiety, depression or adjustment disorder

Data Reviewed:

## Labs:

Date	11/8/21	11/22/21	11/29/21
CBC			
WBC (x1000/UL)	2.94 L	2.69 L	6.88
Hgb (g/dl)	12.20	11.80	12.20
Hct (%)	38.50	36.80 L	37.80
MCV (fl)	86.90	90.00	89.40
Plt (x1000/UL)	70.00 L	89.00 L	63.00 L
NE % (%)	35.00 L	27.80 L	57.00
LY % (%)	49.70	56.90 H	30.40
MO % (%)	12.60 H	13.40 H	11.30 H
NE # (x1000/UL)	1.03 L	0.75 L	3.92
LY # (x1000/UL)	1.46	1.53	2.09
MO # (x1000/UL)	0.37	0.36	0.78
CMP			
Glucose (mg/dL)	129.00 H	139.00 H	187.00 H
Sodium (mcq/L)	138.00	138.00	136.00
Potassium (mcq/L)	3.60	3.10 L	3.00 L
BUN (mg/dL)	6.00 L	5.00 L	5.00 L
Creatinine (mg/dL)	0.53 L	0.50 L	0.56 L
Albumin (g/dl)	3.90	3.70	3.40 L
Alkaline Phosphatase (iu/L)	140.00 H	151.00 H	288.00 H
Calcium (mg/dL)	9.50	9.50	8.80
ALT - SGPT (iu/L)	41.00	46.00	56.00 H
AST - SGOT (iu/L)	82.00 H	93.00 H	118.00 H
Bilirubin, Total (mg/dL)	0.60	0.70	0.50
Total Protein (g/dl)	7.30	7.20	7.00
Magnesium (mg/dL)	1.80 L	1.60 L	1.60 L
Tumor Markers/Immunoassays			
CEA (IMEA) (ng/ml)		3.10	

Discussion with Patient/Family/Other Providers: As noted above.

Orders:

Patient Name: Saunders, Sandra L.

DOB: 6/30/1970

Account #: 2162557

- |  |   |
|--|---|
|  | <ol style="list-style-type: none"><li>1. MEDIPORT DRAW FEE - CBC - AUTO DIFF - CMP - MAGNESIUM 11/29/2021 (C18.0) Malignant neoplasm of cecum, (D50.8) Other iron deficiency anemias, (E83.42) Hypomagnesemia</li><li>2. Additional hours, hydration once 11/29/2021 (C18.0) Malignant neoplasm of cecum</li><li>3. Additional hours, hydration once 11/29/2021 (C18.0) Malignant neoplasm of cecum</li></ol> |
|--|---|

KU. KIMBERLY MD

CC: Kimberly Nord, FNP

Document Status: Approved

Electronically Signed By: KU. KIMBERLY P. MD on 11/29/2021 at 11:31:20AM

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**ILLINOIS  
CANCERCARE, PC**

*Specializing in Cancer and Blood Disorders*

Patient: Saunders, Sandra L.  
Attending Physician: Ku, Kimberly P

Account #: 2162557  
Dictated By: Raut, Nita

DOB: 6/30/1970

Age: 51  
Gender: Female

### PROGRESS NOTE

Date of Service: 10/18/2021

Advanced Directive - Yes-request pt bring copy

Depression Screen - Negative

Performance Status: ECOG 0

Allergies:

Latex, Natural Rubber

#### Medications:

1. famotidine 1 tab Every 12 Hours 20 mg
2. metronidazole 1 tab TID 500 mg
3. fluconazole tab 100 mg
4. capecitabine 4 tab twice a day on days 1-14 q21 500 mg
5. Compazine 1 tab every 6 hours for nausea vomiting 10 mg
6. Zofran 1 tab every 8 hours for nausea vomiting 8 mg

#### Family History:

Denies malignancies or hematologic disorders

#### Social History:

Smoking Status - 4 Never smoker

#### Health Maintenance:

Covid-19 Vaccine - Yes

Which Vaccine - Pfizer

Pneumovax - 2-No

Mammogram in past year 40-69 - 2-No

Colonoscopy in last 10 yrs - 1-Yes

#### Hem/Onc Problem List:

Microcytic anemia

Adenocarcinoma of the cecum

Chief Complaint: Colon cancer treatment.

#### Assessment/Plan:

1. Stage III adenocarcinoma of the cecum. Currently being treated with adjuvant Cape ox, oxaliplatin was given on 10/11 insulin was started 10/12. Tolerating well with minimal side effects, will continue without modifications.
2. Mild nausea. Patient is advised to take antiemetics at least twice a day. She does have some reflux-like symptoms and therefore is advised to take Tums with heartburn.
3. Fatigue. Could be secondary to chemotherapy and aggravated by nausea/lack of appetite. We discussed eating a bland diet with nausea and also importance of hydration/balanced diet/activity.
4. Has Mediport in place now. Dressing in place, good blood draw.
5. Hypomagnesemia. Patient will start oral magnesium 400 mg daily. Advised about GI side effects.

#### Future Appointments/Tests:

1. Follow up and Tests - 11/1 Tx
2. cbc,cmp,mag-DX #1, low mag

Pain Score: Pain Intensity-Current - 0

Pain Plan: Not applicable.

#### Cancer/Hematological History:

Staging: IIIC (pT4A pN2B cM0)

Colon cancer

- 9/3/2021 colonoscopy with cecum mass invasive adenocarcinoma and descending colon with a tubular adenoma.
- 9/15/2021 hemicolectomy path. pT4A pN2B. Grade 2 adenocarcinoma. Invades visceral peritoneum. Macroscopic tumor perforation present. Lymphovascular invasion present. No perineal invasion. 9 out of 15 lymph nodes present. Right colon And small bowel tissues with MMR stable
- 9/18/2021 CT PE chest negative
- 9/23/2021 CEA 0.9
- CT abdomen pelvis without any evidence of metastasis

- 9/27/2021 hemoglobin 9.7

**Anemia**

- 8/11/2021 hemoglobin 10.7, MCV 68.6, platelets 133, elevated RDW, white blood cell 16.3. In the context of possible enteritis, suspecting possible Crohn's disease
- CT abdomen pelvis with wall thickening and submucosal edema in the terminal ileum and distal small bowel. Mildly enlarged mesenteric lymph nodes likely reactive. Previously noted masslike thickening of the cecum from July 13, 2021 and necrotic adenopathy in the right lower quadrant seem less pronounced on August 2021 CT. Infectious disease following and considering potential of a
- 8/24/2021 ferritin of 37
- 10/11/2020 when restarted Xeloda with oxaliplatin

**Pertinent Medical/Surgical Problems:**

- Denies
- Tubal ligation

**HPI:** Ms. Saunders is a 51-year-old female with stage III colon cancer who is on adjuvant Xeloda plus oxaliplatin, presents for toxicology evaluation today. Ms. Saunders did have some nausea, decreased appetite, fatigue and numbness tingling. We discussed the importance of good hydration, use of antiemetics, balanced diet and activity. Patient also requires about cold sensitivity. Reports is healing from prior surgery, does have some pain but not needing any additional pain medications. Denies any fever, chills, chest pain, shortness of breath, hematuria, melena or any new bone pain. All her questions were answered to her satisfaction.

**Review of Systems:** A 12 point review of systems is obtained and other than the above is noncontributory.

**Vital Signs:** B/P (mmHg) - 128/85; P (/min) - 90; T (F) - 97.3; Weight (lb) - 185.2; Pulse Ox. (%) - 99; HEIGHT (inch) - 64; BSA(D) (m\*2) - 1.89; BMI(A) (kg/m2) - 31.8 H

**Physical Exam:**

CONSTITUTIONAL:	Alert, oriented, well-developed female in no acute distress.
EYES:	PERRLA, EOMI, no scleral icterus.
RESPIRATORY:	Clear to auscultation without wheezes or rhonchi. Respiratory effort is easy and regular.
CARDIAC:	Regular rate and rhythm without murmurs.
GASTROINTESTINAL:	Abdomen with well-healed hemicolectomy incision site. Bowel sounds active.
EXTREMITIES:	No clubbing, cyanosis or edema.
INTEGUMENTARY:	No rashes, bruising or petechiae.
NEUROLOGIC:	Alert and oriented with motor function and sensation grossly intact. Cranial nerves II through XII are full to confrontation.
PSYCHIATRIC:	Coping well with current situation without any evidence of anxiety, depression or adjustment disorder

**Data Reviewed.** Labs dated 10/18/2021.

**Labs:**

Date	10/11/21	10/18/21
<b>CBC</b>		
WBC (x1000/UL)	4.16 L	4.77
Hgb (g/dl)	10.90 L	11.50
Hct (%)	35.40 L	37.40
MCV (fl)	84.70	83.90
Plt (x1000/UL)	236.00	165.00
NE % (%)	43.80	47.60
LY % (%)	42.30	35.40
MO % (%)	12.00 H	15.30 H
NE # (x1000/UL)	1.82	2.27
LY # (x1000/UL)	1.76	1.69
MO # (x1000/UL)	0.50	0.73
<b>CMP</b>		
Glucose (mg/dL)	124.00 H	104.00
Sodium (mcq/L)	137.00	134.00 L
Potassium (mcq/L)	3.60	3.50
BUN (mg/dL)	5.00 L	6.00 L
Creatinine (mg/dL)	0.58 L	0.63
Albumin (g/dl)	3.70	3.90
Alkaline Phosphatase (iu/L)	120.00 H	110.00 H
Calcium (mg/dL)	9.60	9.90
ALT - SGPT (iu/L)	22.00	22.00
AST - SGOT (iu/L)	51.00 H	43.00 H
Bilirubin, Total (mg/dL)	0.30	0.50
Total Protein (g/dl)	7.70	7.80
Magnesium (mg/dL)	1.80 L	1.60 L
<b>Tumor Markers/Immunoassays</b>		
CEA (IMEA) (ng/ml)	1.20	
<b>Anemia Panel</b>		
Iron (ug/dL)	30.00 L	
UIBC (ug/dL)	225.00	
FERRITIN (ng/ml)	263.00 H	
Iron % Saturation (%)	12.00 L	
VITAMIN B12 (pg/ml)	587.00	
FOLATE (ng/ml)	8.10	

**Discussion with Patient/Family/Other Providers:** As noted above

**Orders:**

1. ROUTINE VENIPUNCTURE - CBC - AUTO DIFF - CMP - MAGNESIUM 10/18/2021 (C18.0) Malignant neoplasm of cecum, (D50.8) Other iron deficiency anemias, (E83.42) Hypomagnesemia
2. Appointment Slip 10/18/2021 (C18.0) Malignant neoplasm of cecum, (D50.8) Other iron deficiency anemias
3. ROUTINE VENIPUNCTURE - CBC - AUTO DIFF - CMP - MAGNESIUM 11/1/2021 (C18.0) Malignant neoplasm of cecum, (D50.8) Other iron deficiency anemias, (E83.42) Hypomagnesemia

RAUT, NITA APN

CC: Kimberly Nord, FNP

Document Status: Approved

Electronically Signed By: RAUT, NITA, APN on 10/18/2021 at 5:04:41PM

**Patient Name:** Saunders, Sandra L.

**DOB:** 6/30/1970

**Account #:** 2162557

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**ILLINOIS  
CANCERCARE, P.C.**

*Specializing in Cancer and Blood Disorders*

Patient: Saunders, Sandra L.  
Attending Physician: Ku, Kimberly P

Account #: 2162557  
Dictated By: Ku, Kimberly P

DOB: 6/30/1970

Age: 51  
Gender: Female

**PROGRESS NOTE**

Date of Service: 9/30/2021

Advanced Directive - Yes-request pt bring copy

Depression Screen - Negative

Performance Status: ECOG 0

Allergies:

Latex, Natural Rubber

**Medications:**

1. famotidine 1 tab Every 12 Hours 20 mg
2. metronidazole 1 tab TID 500 mg
3. fluconazole tab 100 mg

**Family History:**

Denies malignancies or hematologic disorders

**Social History:**

Smoking Status - 4 Never smoker

**Health Maintenance:**

Covid-19 Vaccine - Yes  
Which Vaccine - Pfizer  
Pneumovax - 2-No  
Mammogram in past year 40-69 - 2-No  
Colonoscopy in last 10 yrs - 1-Yes

**Hem/Onc Problem List:**

Microcytic anemia

Adenocarcinoma of the cecum

**Chief Complaint:** New diagnosis of colon cancer

**Assessment/Plan:**

1. Adenocarcinoma of the cecum stage IIIC, MMR stable. We discussed the curative role of adjuvant chemotherapy in the form of 6 months of either FOLFOX or Cape ox. Given she like to continue working, we will plan Cape ox. We discussed port placement and APN chemo teach with updated labs.
2. Genetic testing. We discussed the role of germline testing even if her MMR status is stable. We also counseled that her direct family members will need colon cancer screening as early as age 40. She is interested in getting germline testing done today.
3. Plan to return to clinic within 2 weeks to start chemotherapy. Will have 1 week toxicity evaluation and also go over germline testing results
4. I spent a total of 50 minutes on the day of the encounter caring for Ms. Saunders, reviewing labs, evaluating Ms. Saunders and recording in the EMR

**Future Appointments/Tests:**

1. Follow up and Tests - invitae draw today
2. send back to dr. lath for port placement
3. apn chemo teach and treat w cbc, cmp, AP, cea, mg
4. then see ku w cbc, cmp, mg 1 week for tox check as well as Invitae results
5. can cancel 10/22 follow up
6. Diagnosis colon cancer, iron deficiency anemia

**Pain Score:** Pain Intensity-Current - 2

**Pain Plan:**

**Cancer/Hematological History:**

Staging: IIIC (pT4A pN2B cM0)

Colon cancer

- 9/3/2021 colonoscopy with cecum mass invasive adenocarcinoma and descending colon with a tubular adenoma.
- 9/15/2021 hemicolectomy path. pT4A pN2B. Grade 2 adenocarcinoma. Invades visceral peritoneum. Macroscopic tumor perforation present. Lymphovascular invasion present. No perineal invasion. 9 out of 15 lymph nodes present. Right colon And small bowel tissues with MMR stable
- 9/18/2021 CT PE chest negative
- 9/23/2021 CEA 0.9
- CT abdomen pelvis without any evidence of metastasis
- 9/27/2021 hemoglobin 9.7

**Anemia**

- 8/11/2021 hemoglobin 10.7, MCV 68.6, platelets 133, elevated RDW, white blood cell 16.3. In the context of possible enteritis, suspecting possible Crohn's disease
- CT abdomen pelvis with wall thickening and submucosal edema in the terminal ileum and distal small bowel. Mildly enlarged mesenteric lymph nodes likely reactive. Previously noted masslike thickening of the cecum from July 13, 2021 and necrotic adenopathy in the right lower quadrant seem less pronounced on August 2021 CT. Infectious disease following and considering potential of a
- 8/24/2021 ferritin of 37

**Pertinent Medical/Surgical Problems:**

- Denies
- Tubal ligation

**HPI:** Ms. Saunders is a 51-year-old female with newly diagnosed colon cancer presenting as iron deficiency anemia and abdominal pain with abdominal abscess. She had hemicolectomy 2 weeks ago and overall is healing relatively well although still needing Tylenol for pain and wearing a binder support. She denies having any problems with fevers or chills, having diarrhea postoperatively, no bleeding, no nausea or vomiting, but notes of reduced appetite after surgery. Notes that her energy level significantly improved after the IV iron was completed. Notes having a lot of anxiety with this new diagnosis but now that she has a plan she feels significantly improved.

**Review of Systems:** A 12 point review of systems is obtained and other than the above is noncontributory.

**Vital Signs:** B/P (mmHg) - 116/79; P (/min) - 69; T (F) - 97.1; Weight (lb) - 194.2; Pulse Ox (%) - 99; HEIGHT (inch) - 64; BSA(D) (m<sup>2</sup>) - 1.93; BMI(A) (kg/m<sup>2</sup>) - 33.3 H

**Physical Exam:**

CONSTITUTIONAL:	Alert, oriented, well-developed female in no acute distress.
EYES:	PERRLA, EOMI, no scleral icterus.
RESPIRATORY:	Clear to auscultation without wheezes or rhonchi. Respiratory effort is easy and regular.
CARDIAC:	Regular rate and rhythm without murmurs.
GASTROINTESTINAL:	Abdomen with well-healed hemicolectomy incision site. Bowel sounds active.
EXTREMITIES:	No clubbing, cyanosis or edema.
INTEGUMENTARY:	No rashes, bruising or petechiae.
NEUROLOGIC:	Alert and oriented with motor function and sensation grossly intact. Cranial nerves II through XII are full to confrontation.
PSYCHIATRIC:	Coping well with current situation without any evidence of anxiety, depression or adjustment disorder

**Data Reviewed.****Labs:****Date****Discussion with Patient/Family/Other Providers:** As noted above.



Patient Name: Saunders, Sandra L.

DOB: 6/30/1970

Account #: 2162557

**Orders:**

- I. ROUTINE VENIPUNCTURE - CBC - AUTO DIFF - COPPER + METHYLMALONIC ACID - VITAMIN D 25 HYDROXY - B 12 + FOLATE - IRON + FE % SATURATION + FERRITIN + UTBC 10/14/2021 (D50.9) Iron deficiency anemia, unspecified, (K50.90) Crohn's disease, unspecified, without complications, (E61.0) Copper deficiency, (E55.9) Vitamin D deficiency, unspecified

KU, KIMBERLY MD

CC: Kimberly Nord, FNP

Document Status: Approved

Electronically Signed By: KU, KIMBERLY P. MD on 9/30/2021 at 4:20:54PM

This document was completed utilizing speech recognition software. Grammatical errors, random word insertions, pronoun errors, and incomplete sentences are an occasional consequence of this system due to software limitations, ambient noise, and hardware issues. Any formal questions or concerns about the content, text or information contained within the body of this dictation should be directly addressed to the provider for clarification.



ILLINOIS  
CANCERCARE, P.C.  
*Specializing in Cancer and Blood Disorders*

Patient: Saunders, Sandra  
Attending Physician: Ku, Kimberly P

Account #: 2162557  
Dictated By: Ku, Kimberly P

DOB: 6/30/1970

Age: 51  
Gender: Female

## HISTORY AND PHYSICAL

Date of Service: 8/27/2021

Chief Complaint/Diagnosis: Microcytic anemia

Staging: N/A

Referring Physician: Kimberly Nord FNP

### Cancer/Hematological History:

- 8/11/2021 hemoglobin 10.7, MCV 68.6, platelets 133, elevated RDW, white blood cell 16.3. In the context of possible enteritis, suspecting possible Crohn's disease
- CT abdomen pelvis with wall thickening and submucosal edema in the terminal ileum and distal small bowel. Mildly enlarged mesenteric lymph nodes likely reactive. Previously noted masslike thickening of the cecum from July 13, 2021 and necrotic adenopathy in the right lower quadrant seem less pronounced on August 2021 CT. Infectious disease following and considering potential of a
- 8/24/2021 ferritin of 37

**History of Present Illness:** This is a 51-year-old female with above presentation of enteritis with recent finding of iron deficiency anemia hence being referred to hematology for potential IV iron infusions. She has been on oral iron but not had much result from that. She notes feeling improved since placed on antibiotics and continues on those antibiotics with follow-up with infectious disease. She has a colonoscopy in a week with GI suspecting that she may have Crohn's disease and could have had a colonic abscess that has ruptured hence her presentation in the hospital. She currently feels much better with no further abdominal pain. Denies any blood in her stools. No fevers. No nausea or vomiting. But she has been very tired to the point where she has adjusted her lifestyle so that she tries to go to work only and then spend the rest of her day to herself to recover energy. She notes ice cravings which have been ongoing since having her last child many years ago. She notes having a heavy history of menstrual cycles as well. She has had 4 children. In terms of review of systems she does note that her right ankle seems to be slightly more swollen since the presentation of her abdominal issues. She denies having any calf tenderness or erythema. And the swelling has gotten better since being out of the hospital. At this point she notes being very happy with her medical care

### Past Medical History:

- Denies

### Past Surgical History:

- Tubal ligation

### Medications:

1. famotidine 1 tab Every12Hours 20 mg
2. ciprofloxacin 1 tab BID 500 mg
3. metronidazole 1 tab TID 500 mg

Allergies: Latex, Natural Rubber

Health Maintenance: Covid-19 Vaccine - Yes

Social History: In collections. Denies alcohol, smoking, illicit drugs.

**Family History:** Denies malignancies or hematologic disorders

**Review of Systems:** A 12 point review of systems was obtained, and other than the above is negative.

**Pain Score:** 0  
**ECOG:** 0

**Vitals:** B/P (mmHg) - 123/80; P (/min) - 73; T (F) - 96.6; Weight (lb) - 204; Pulse Ox. (%) - 98;  
HEIGHT (inch) - 64; BSA(D) (m<sup>2</sup>) - 1.97; BMI(A) (kg/m<sup>2</sup>) - 35 H

**Physical Exam:**

**CONSTITUTIONAL:** Alert, oriented, well-developed female in no acute distress.  
**LYMPHATICS:** No supraclavicular, cervical, or axillary adenopathy.  
**EYES:** PERRLA, EOMI, no scleral icterus.  
**HEENT:** Supple without masses. Supple, full ROM, no palpable thyroid enlargement or soft tissue masses.  
**RESPIRATORY:** Clear to auscultation without wheezes or rhonchi. Respiratory effort is easy and regular.  
**CARDIAC:** Regular rate and rhythm without murmurs.  
**GASTROINTESTINAL:** Abdomen is soft without hepatosplenomegaly. Bowel sounds active.  
**EXTREMITIES:** No clubbing, cyanosis or edema.  
**INTEGUMENTARY:** No rashes, bruising or petechiae.  
**NEUROLOGIC:** Alert and oriented with motor function and sensation grossly intact. Cranial nerves II through XII are full to confrontation.  
**PSYCHIATRIC:** Coping well with current situation without any evidence of anxiety, depression or adjustment disorder.

**Data Reviewed:** As mentioned above in the history and/or HPI.

**Labs:**

**Date**

**Assessment/Plan:**

1. Microcytic anemia. Notably with iron deficiency. We discussed the role of IV iron repletion. We will update her anemia panel and CBC in 2 months including vitamin D and copper level given anticipation of potential new diagnosis of inflammatory bowel disease. We agree with follow-up with GI for colonoscopy for definitive diagnosis in a week. Continue with infectious disease follow-up as well complete her antibiotic course. Ms. Saunders had multiple questions today which we answered to her satisfaction regarding IV iron side effects, schedule, and expectations going forward for supportive care.
2. Age-appropriate cancer screening. Once she completes the above work-up, she should also continue with mammograms and Pap smears through her PCP as indicated.
3. Genetics. No germline testing indicated based on family history.
4. I spent a total of 60 minutes on the day of the encounter caring for Ms. Saunders, reviewing labs, evaluating Ms. Saunders and recording in the EMR.

Thank you very much for your referral and allowing me to participate in the care of your patient.

**Future Appointments/Tests:**

1. Follow up and Tests - cbc, AP+mma, vit D, copper level in 2 mo w ku or apn
2. dx: iron def anemia, possible crohn's disease
3. agree with GI completing colonoscopy this coming Friday, also consider adding EGD to complete the work up

**Orders:**

Patient: SAUNDERS, SANDRA

ACCT#: 2162557

DOB: 6/30/1970

1. ROUTINE VENIPUNCTURE - CBC - AUTO DIFF - COPPER - METHYLMALONIC ACID - VITAMIN D / 25 HYDROXY - B 12 - FOLATE - IRON - FE % SATURATION - FERRITIN - UIBC 8/27/2021 (D50.9) Iron deficiency anemia, unspecified, (K50.90) Crohn's disease, unspecified, without complications, (E61.0) Copper deficiency, (E55.9) Vitamin D deficiency, unspecified
2. Appointment Slip 8/27/2021 (D50.9) Iron deficiency anemia, unspecified, (K50.90) Crohn's disease, unspecified, without complications, (E61.0) Copper deficiency, (E55.9) Vitamin D deficiency, unspecified

KU, KIMBERLY MD

CC: Kimberly Nord, FNP

Document Status: Approved

Electronically signed by: KIMBERLY KU,MD on 8/27/2021 at 2:41:10PM

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## Results

### Patient Portal

This result is viewable by the patient in Patient Portal.

Result Link

Jan 25, 2022

[Click here to print a result report](#)

### SARS-COV-2 TO CARLE URBANA (CBMC/CEH): Patient Communication

 Released

 Not seen

### Electronically Signed and Authenticated

On

KRYSTAL LITTLE, RN

Tue Jan 25, 2022 6:24 AM

### SARS-COV-2 TO CARLE URBANA (CBMC/CEH)

Status: Final result Visible to patient: Yes (not seen) Next appt: 01/27/2022 at 12:00 PM in Radiology (CBMC CT 2)

Dx: Pre-procedural examination

### 0 Result Notes

Component	1/24/22 1333
COVID-19 RESULT	NOT DETECTED

Comment: Test Performed by Multiplex rRT-PCR.

The United States (U.S.) FDA has made this test available under an emergency access mechanism called an Emergency Use Authorization (EUA). The EUA is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of in vitro diagnostics (IVDs) for the detection and/or diagnosis of the virus that causes COVID-19.

An IVD made available under an EUA has not undergone the same type of review as an FDA-approved or cleared IVD. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives, and

Saunders, Sandra L (MR # 1017307) DOB: 06/30/1970 Encounter Date: 01/24/2022

based on the totality of scientific evidence available, it is reasonable to believe that this IVD may be effective in the detection of the virus that causes COVID-19. The EUA for this test is in effect for the duration of the COVID-19 declaration justifying emergency use of IVDs, unless terminated or revoked (after which the test may no longer be used).

COVID-19 SOURCE	Nasal Swab
CONGREGATE LIVING FACILITY	No
FIRST TEST	NO
EMPLOYED IN HEALTHCARE	NO
SYMPTOMATIC AS DEFINED BY CDC	NO
HOSPITALIZED	NO
ICU	NO
IS PREGNANT	NO




Comment: TCFH Laboratory, 611 W. Park St., Urbana, IL 61801

### Narrative


Specimen Source: NASAL SWAB Nasal Swab

Specimen Collected: 01/24/22 13:33

Last Resulted: 01/25/22 05:14

 Order Details  View Encounter  Lab and Collection Details

### Result Care Coordination

 Patient Communication

 Released

 Not seen

### Chart Review Routing

No routing history on file.

**Saunders, Sandra L**DOB: **06/30/1970****Patient Report**Patient ID: **2162557**Age: **51**Account Number: **12019230**Specimen ID: **326-139-1389-0**Sex: **Female**Ordering Physician: **K KU**Ordered Items: **Hepatitis B Surf Ab Quant; HIV Ag/Ab with Reflex; HCV Antibody; Hep B Core Ab, IgM**Date Collected: **11/22/2021**Date Received: **11/22/2021**Date Reported: **11/23/2021**Fasting: **Not Given****General Comments & Additional Information**

Clinical Info: 11-22 JD

**Hepatitis B Surf Ab Quant**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hepatitis B Surf Ab Quant <sup>01</sup>	<b>5.5</b> <b>Low</b> Status of Immunity ----- Inconsistent with Immunity Consistent with Immunity		mIU/mL Anti-HBs Level ----- 0.0 - 9.9 >9.9	Immunity>9.9

**HIV Ag/Ab with Reflex**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
HIV Screen 4th Generation wRfx <sup>01</sup>	Non Reactive			Non Reactive

**HCV Antibody**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hep C Virus Ab <sup>01</sup>	<0.1  Negative: Indeterminate: Positive:  The CDC recommends that a positive HCV antibody result be followed up with a HCV Nucleic Acid Amplification test (550713).		s/co ratio < 0.8 0.8 - 0.9 > 0.9	0.0-0.9

**Hep B Core Ab, IgM**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hep B Core Ab, IgM <sup>01</sup>	Negative			Negative

**Disclaimer**

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient

**Icon Legend**

⚠ Out of reference range    🚨 Critical or Alert

**Performing Labs**

01: CB - LabCorp Dublin 6370 Wilcox Road, Dublin, OH, 43016-1269 Dir: Vincent Ricchiuti, PhD

For Inquiries, the physician can contact Branch: 309-663-6451 Lab: 800-282-7300

**Saunders, Sandra L**

Patient ID: **2162557**

Specimen ID: **326-139-1389-0**

DOB: **06/30/1970**

Age: **51**

Sex: **Female**

**Patient Report**

Account Number: **12019230**

Ordering Physician: **K KU**



**Patient Details**

**Saunders, Sandra L**

**3415 Yucca Dr, BLOOMINGTON, IL, 61701**

Phone: **309-336-3568**

Date of Birth: **06/30/1970**

Age: **51**

Sex: **Female**

Patient ID: **2162557**

Alternate Patient ID: **2162557**

**Physician Details**

**K KU**

**Illinois CancerCare**

**3105 Magory Drive, Bloomington, IL, 61701**

Phone: **309-243-3000**

Account Number: **12019230**

Physician ID:

NPI: **1609214063**

**Specimen Details**

Specimen ID: **326-139-1389-0**

Control ID: **210993791**

Alternate Control Number: **210993791**

Date Collected: **11/22/2021 1022 Local**

Date Received: **11/22/2021 0000 ET**

Date Entered: **11/22/2021 2311 ET**

Date Reported: **11/23/2021 0811 ET**

Rte: **00**



## Results

ⓘ HEPATIC FUNCTION PANEL (CBMC/CEH) (Order 215225964)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 27, 2021

[Click here to print a result report](#)

### ⓘ HEPATIC FUNCTION PANEL (CBMC/CEH)

Order: 215225964

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

### 0 Result Notes

	Ref Range & Units	9/27/21 0521
AST (CBMC/CEH)	14 - 40 U/L	28
ALKALINE PHOSPHATASE (CBMC/CEH)	38 - 126 U/L	93
BILIRUBIN TOTAL (CBMC/CEH)	0.2 - 1.3 mg/dL	0.2
BILIRUBIN DIRECT (CBMC/CEH)	0.0 - 0.4 mg/dL	0.0
TOTAL PROTEIN (CBMC/CEH)	6.3 - 8.3 gm/dL	6.3
ALBUMIN (CBMC/CEH)	3.5 - 5.0 gm/dL	3.1 ✓
ALT (CBMC/CEH)	4 - 34 U/L	16

Specimen Collected: 09/27/21 05:21

Last Resulted: 09/27/21 06:16

[🔍 Order Details](#) [👤 View Encounter](#) [📋 Lab and Collection Details](#) [📧 Routing](#) [📅 Result History](#)

### Chart Review Routing

No routing history on file.

## Results

RENAL FUNCTION PANEL (CBMC/CEH) (Order 215225963)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 27, 2021

[Click here to print a result report](#)

### RENAL FUNCTION PANEL (CBMC/CEH)

Order: 215225963

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

### 0 Result Notes

	Ref Range & Units	9/27/21 0521
GLUCOSE (CBMC/CEH)	70 - 99 mg/dL	98
BUN (CBMC/CEH)	7 - 17 mg/dL	<2 ✓
CREATININE (CBMC/CEH)	0.52 - 1.04 mg/dL	0.49 ✓
EGFR FOR AFRICAN AMERICANS (CBMC/CEH)	mL/min/1.72m2	>60
EGFR FOR NON-AFRICAN AMERICANS (CBMC/CEH)	mL/min/1.72m2	>60
Comment:	Stage 3 CKD 30 - 59 Stage 4 CKD 15 - 29 Renal Failure <15	
SODIUM (CBMC/CEH)	136 - 145 mmol/L	138
POTASSIUM (CBMC/CEH)	3.5 - 5.0 mmol/L	3.8
CHLORIDE (CBMC/CEH)	98 - 107 mmol/L	101
CARBON DIOXIDE (CBMC/CEH)	22 - 30 mmol/L	26
CALCIUM (CBMC/CEH)	8.4 - 10.2 mg/dL	8.8
PHOSPHORUS (CBMC/CEH)	2.5 - 4.5 mg/dL	4.2

Specimen Collected: 09/27/21 05:21

Last Resulted: 09/27/21 06:16

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

### Chart Review Routing

No routing history on file.

## Results

MAGNESIUM (CBMC/CEH) (Order 215225966)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 27, 2021

[Click here to print a result report](#)

### MAGNESIUM (CBMC/CEH)

Order: 215225966

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

### 0 Result Notes


	Ref Range & Units	9/27/21 0521
MAGNESIUM (CBMC/CEH)	1.6 - 2.3 mg/dL	1.9
Specimen Collected: 09/27/21 05:21		Last Resulted: 09/27/21 06:16

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

### Chart Review Routing

No routing history on file.

## Results

 CBC WITH DIFF (CBMC/CEH) (Order 215225965)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 27, 2021

[Click here to print a result report](#)

### CBC WITH DIFF (CBMC/CEH)

Order: 215225965

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

### 0 Result Notes

	Ref Range & Units	9/27/21 0521
WHITE BLOOD COUNT (CBMC/CEH)	4.8 - 10.8 K/uL	4.4 ▼
RED CELL COUNT (CBMC/CEH)	3.80 - 5.10 M/uL	3.63 ▼
HEMOGLOBIN (CBMC/CEH)	12.0 - 16.0 gm/dL	9.7 ▼
HEMATOCRIT (CBMC/CEH)	37.0 - 47.0 %	29.6 ▼
MEAN CORPUSCULAR VOLUME (CBMC/CEH)	81.0 - 102 fL	81.6
MEAN CORPUSCULAR HEMOGLOBIN (CBMC/CEH)	27.0 - 35.0 pg/Cell	26.7 ▼
MEAN CORPUSCULAR HGB CONC (CBMC/CEH)	32.0 - 36.0 g/dl	32.7
RED CELL DISTRIBUTION WIDTH (CBMC/CEH)	11.5 - 14.5 %	25.3 ▲
PLATELET COUNT (CBMC/CEH)	145 - 375 k/uL	216
MEAN PLATELET VOLUME (CBMC/CEH)	6.7 - 10.4 fl	11.1 ▲
NEUTROPHILS % (CBMC/CEH)	40 - 70 %	52
LYMPH % (CBMC/CEH)	22 - 44 %	34
MONO % (CBMC/CEH)	2 - 10 %	12 ▲
EOS % (CBMC/CEH)	0 - 5 %	2
BASO % (CBMC/CEH)	0 - 2 %	1
NEUTROPHILS # (CBMC/CEH)	1.8 - 7.7 K/uL	2.07
LYMPH # (CBMC/CEH)	1.0 - 4.8 K/uL	1.40
MONO # (CBMC/CEH)	0 - 0.8 K/UL	0.52
EOS # (CBMC/CEH)	0 - 0.5 K/UL	0.06
BASO # (CBMC/CEH)	0 - 0.1 K/uL	0.03






Saunders, Sandra L (MR # 1017307) DOB: 06/30/1970 Encounter Date: 09/23/2021

**DIFFERENTIAL COMMENT**  
(CBMC/CEH)

DIFF BY REVIEW

Specimen Collected: 09/27/21 05:21

Last Resulted: 09/27/21 07:52

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

## Chart Review Routing

No routing history on file.

Saunders, Sandra L (MRN 1017307) Printed by Madden, Justin [MPJMADDEN] at 9/29/21 1:20 PM

## Results

ⓘ C-REACTIVE PROTEIN (CBMC/CEH) (Order 215142261)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 25, 2021

[Click here to print a result report](#)

### ⓘ C-REACTIVE PROTEIN (CBMC/CEH)

Order: 215142261

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

### 0 Result Notes

	Ref Range & Units	9/25/21 0608
C-REACTIVE PROTEIN (CBMC/CEH)	0 - 9.9 mg/L	191.9 ▲

Specimen Collected: 09/25/21 06:08

Last Resulted: 09/25/21 06:52

[📄 Order Details](#) [👤 View Encounter](#) [📋 Lab and Collection Details](#) [📧 Routing](#) [👤 Patient History](#)

### Chart Review Routing

No routing history on file.

## Results

🔍 HEPATIC FUNCTION PANEL (CBMC/CEH) (Order 215142259)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 25, 2021

[Click here to print a result report](#)

### 🔍 HEPATIC FUNCTION PANEL (CBMC/CEH)

Order: 215142259

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

### 0 Result Notes

	Ref Range & Units	9/25/21 0608
AST (CBMC/CEH)	14 - 40 U/L	26
ALKALINE PHOSPHATASE (CBMC/CEH)	38 - 126 U/L	92
BILIRUBIN TOTAL (CBMC/CEH)	0.2 - 1.3 mg/dL	0.4
BILIRUBIN DIRECT (CBMC/CEH)	0.0 - 0.4 mg/dL	0.0
TOTAL PROTEIN (CBMC/CEH)	6.3 - 8.3 gm/dL	6.3
ALBUMIN (CBMC/CEH)	3.5 - 5.0 gm/dL	3.1 ✓
ALT (CBMC/CEH)	4 - 34 U/L	19

Specimen Collected: 09/25/21 06:08

Last Resulted: 09/25/21 06:52

[📄 Order Details](#) [👤 View Encounter](#) [📋 Lab and Collection Details](#) [✉️ Routing](#) [🕒 Result History](#)

### Chart Review Routing

No routing history on file.

## Results

RENAL FUNCTION PANEL (CBMC/CEH) (Order 215142258)

### Patient Portal

This result is not viewable by the patient

Result Link

Sep 25, 2021

[Click here to print a result report](#)

### RENAL FUNCTION PANEL (CBMC/CEH)

Order: 215142258

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

### 0 Result Notes

	Ref Range & Units	9/25/21 0608
GLUCOSE (CBMC/CEH)	70 - 99 mg/dL	122 ▲
BUN (CBMC/CEH)	7 - 17 mg/dL	8
CREATININE (CBMC/CEH)	0.52 - 1.04 mg/dL	0.32
EGFR FOR AFRICAN AMERICANS (CBMC/CEH)	mL/min/1.72m2	>60
EGFR FOR NON-AFRICAN AMERICANS (CBMC/CEH)	mL/min/1.72m2	>60
Comment:	Stage 3 CKD 30 - 59 Stage 4 CKD 15 - 29 Renal failure <15	
SODIUM (CBMC/CEH)	136 - 145 mmol/L	135 ▼
POTASSIUM (CBMC/CEH)	3.5 - 5.0 mmol/L	3.4 ▼
CHLORIDE (CBMC/CEH)	98 - 107 mmol/L	106
CARBON DIOXIDE (CBMC/CEH)	22 - 30 mmol/L	24
CALCIUM (CBMC/CEH)	8.4 - 10.2 mg/dL	8.1 ▼
PHOSPHORUS (CBMC/CEH)	2.5 - 4.5 mg/dL	3.2

Specimen Collected: 09/25/21 06:08

Last Resulted: 09/25/21 06:52

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

### Chart Review Routing

No routing history on file.



## Results

RESPIRATORY PCR PANEL (CBMC/CEH) (Order 215157961)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 25, 2021

[Click here to print a result report](#)

### RESPIRATORY PCR PANEL (CBMC/CEH)

Order: 215157961

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

### 0 Result Notes

	Ref Range & Units	9/25/21 1140
ADENOVIRUS	NOT DETECTD	NOT DETECTED
CORONAVIRUS 229E	NOT DETECTD	NOT DETECTED
CORONAVIRUS HKU1	NOT DETECTD	NOT DETECTED
CORONAVIRUS NL63	NOT DETECTD	NOT DETECTED
CORONAVIRUS OC43	NOT DETECTD	NOT DETECTED
SARS-COV-2 (2019)	NOT DETECTD	NOT DETECTED
HUMAN	NOT DETECTD	NOT DETECTED
METAPNEUMONVIRUS		
HUMAN	NOT DETECTD	DETECTED !
RHINO/ENTEROVIRUS		
INFLUENZA A/H1-2009	NOT DETECTD	NOT DETECTED
INFLUENZA B	NOT DETECTD	NOT DETECTED
PARAINFLUENZA VIRUS 1	NOT DETECTD	NOT DETECTED
PARAINFLUENZA VIRUS 2	NOT DETECTD	NOT DETECTED
PARAINFLUENZA VIRUS 3	NOT DETECTD	NOT DETECTED
PARAINFLUENZA VIRUS 4	NOT DETECTD	NOT DETECTED
RESP. SYNCYTIAL VIRUS	NOT DETECTD	NOT DETECTED
BORDETELLA	NOT DETECTD	NOT DETECTED
PARAPERTUSSIS		
BORDETELLA PERTUSSIS	NOT DETECTD	NOT DETECTED
CHLAMYDIA	NOT DETECTD	NOT DETECTED
PNEUMONIAE		
MYCOPLASMA	NOT DETECTD	NOT DETECTED
PNEUMONIAE		

### Narrative

First test?->No

Is the patient employed in healthcare?->No

Is the patient a health employee (includes providers, locums, travelers)?->No

Is the patient symptomatic as defined by the CDC?->No

Is the patient either a staff or resident of a congregate living facility?->No

Is the patient pregnant?->No






Saunders, Sandra L (MR # 1017307) DOB: 06/30/1970 Encounter Date: 09/23/2021

Is the patient hospitalized?->Yes

Is the patient in an ICU?->No

Specimen Collected: 09/25/21 11:40

Last Resulted: 09/25/21 12:54

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

### Chart Review Routing

No routing history on file.

Saunders, Sandra L (MRN 1017307) Printed by Madden, Justin [MPJMADDEN] at 9/29/21 1:20 PM

## Results

MAGNESIUM (CBMC/CEH) (Order 215142263)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 25, 2021

[Click here to print a result report](#)

### MAGNESIUM (CBMC/CEH)

Order: 215142263






Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

### 0 Result Notes

	Ref Range & Units	9/25/21 0608
MAGNESIUM (CBMC/CEH)	1.6 - 2.3 mg/dL	1.9

Specimen Collected: 09/25/21 06:08

Last Resulted: 09/25/21 06:52

 [Order Details](#)  [View Encounter](#)  [Lab and Collection Details](#)  [Routing](#)  [Result History](#)

### Chart Review Routing

No routing history on file.

# Results

ⓘ CBC WITH DIFF (CBMC/CEH) (Order 215142260)

## Patient Portal

This result is not viewable by the patient.

Result Link

Sep 25, 2021

[Click here to print a result report](#)

## ⓘ CBC WITH DIFF (CBMC/CEH)

Order: 215142260

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

## 0 Result Notes

	Ref Range & Units	9/25/21 0608
WHITE BLOOD COUNT (CBMC/CEH)	4.8 - 10.8 K/uL	6.1
RED CELL COUNT (CBMC/CEH)	3.80 - 5.10 M/uL	3.51 ▼
HEMOGLOBIN (CBMC/CEH)	12.0 - 16.0 gm/dL	9.2 ▼
HEMATOCRIT (CBMC/CEH)	37.0 - 47.0 %	28.7 ▼
MEAN CORPUSCULAR VOLUME (CBMC/CEH)	81.0 - 102 fL	81.7
MEAN CORPUSCULAR HEMOGLOBIN (CBMC/CEH)	27.0 - 35.0 pg/Cell	26.3 ▼
MEAN CORPUSCULAR HGB CONC (CBMC/CEH)	32.0 - 36.0 g/dl	32.2
RED CELL DISTRIBUTION WIDTH (CBMC/CEH)	11.5 - 14.5 %	25.5 ^
PLATELET COUNT (CBMC/CEH)	145 - 375 k/uL	140 ▼
MEAN PLATELET VOLUME (CBMC/CEH)	6.7 - 10.4 fl	12.5 ^
NEUTROPHILS % (CBMC/CEH)	40 - 70 %	68
LYMPH % (CBMC/CEH)	22 - 44 %	23
MONO % (CBMC/CEH)	2 - 10 %	8
EOS % (CBMC/CEH)	0 - 5 %	1
BASO % (CBMC/CEH)	0 - 2 %	0
NEUTROPHILS # (CBMC/CEH)	1.8 - 7.7 K/uL	4.09
LYMPH # (CBMC/CEH)	1.0 - 4.8 K/uL	1.40
MONO # (CBMC/CEH)	0 - 0.8 K/UL	0.51
EOS # (CBMC/CEH)	0 - 0.5 K/UL	0.05
BASO # (CBMC/CEH)	0 - 0.2 K/uL	0.01






Saunders, Sandra L (MR # 1017307) DOB: 06/30/1970 Encounter Date: 09/23/2021

DIFFERENTIAL COMMENT  
(CBMC/CEH)

DIFF BY REVIEW

Specimen Collected: 09/25/21 06:08

Last Resulted: 09/25/21 09:16

 Order Details  Previous Encounter  Lab and Collection Details  Routing  Result History

## Chart Review Routing

No routing history on file.

Saunders, Sandra L (MRN 1017307) Printed by Madden, Justin [MPJMADDEN] at 9/29/21 1:20 PM

## Results

MAGNESIUM (CBMC/CEH) (Order 215043901)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 24, 2021

[Click here to print a result report](#)

### MAGNESIUM (CBMC/CEH)

Order: 215043901

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

### 0 Result Notes

	Ref Range & Units	9/24/21 0622
MAGNESIUM (CBMC/CEH)	1.6 - 2.3 mg/dL	2.1

Specimen Collected: 09/24/21 06:22

Last Resulted: 09/24/21 07:14

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

### Chart Review Routing

No routing history on file.

## Results

 BASIC METABOLIC PANEL (CBMC/CEH) (Order 215043902)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 24, 2021

[Click here to print a result report](#)

### BASIC METABOLIC PANEL (CBMC/CEH)

Order: 215043902






Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

### 0 Result Notes

	Ref Range & Units	9/24/21 0622
GLUCOSE (CBMC/CEH)	70 - 99 mg/dL	109 ^
BUN (CBMC/CEH)	7 - 17 mg/dL	7
CREATININE (CBMC/CEH)	0.52 - 1.04 mg/dL	0.55
EGFR FOR AFRICAN AMERICANS (CBMC/CEH)	mL/min/1.72m2	>60
EGFR FOR NON-AFRICAN AMERICANS (CBMC/CEH)	mL/min/1.72m2	>60
Comment:	Stage 3 CKD 30 - 59 Stage 4 CKD 15 - 29 Renal Failure <15	
SODIUM (CBMC/CEH)	136 - 145 mmol/L	134 v
POTASSIUM (CBMC/CEH)	3.5 - 5.0 mmol/L	3.7
CHLORIDE (CBMC/CEH)	98 - 107 mmol/L	104
CARBON DIOXIDE (CBMC/CEH)	22 - 30 mmol/L	27
CALCIUM (CBMC/CEH)	8.4 - 10.2 mg/dL	9.4

Specimen Collected: 09/24/21 06:22

Last Resulted: 09/24/21 07:14

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

### Chart Review Routing

No routing history on file.

## Results

ⓘ CBC NO DIFF (CBMC/CEH) (Order 215043900)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 24, 2021

[Click here to print a result report](#)

### ⓘ CBC NO DIFF (CBMC/CEH)

Order: 215043900

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

### 0 Result Notes

	Ref Range & Units	9/24/21 0622
WHITE BLOOD COUNT (CBMC/CEH)	4.8 - 10.8 K/uL	8.5
RED CELL COUNT (CBMC/CEH)	3.80 - 5.10 M/uL	3.60 ▼
HEMOGLOBIN (CBMC/CEH)	12.0 - 16.0 gm/dL	9.1 ▼
HEMATOCRIT (CBMC/CEH)	37.0 - 47.0 %	29.8 ▼
MEAN CORPUSCULAR VOLUME (CBMC/CEH)	81.0 - 102 fL	82.6
MEAN CORPUSCULAR HEMOGLOBIN (CBMC/CEH)	27.0 - 35.0 pg/Cell	25.4 ▼
MEAN CORPUSCULAR HGB CONC (CBMC/CEH)	32.0 - 36.0 g/dl	30.7 ▼
RED CELL DISTRIBUTION WIDTH (CBMC/CEH)	11.5 - 14.5 %	27.1 ▲
PLATELET COUNT (CBMC/CEH)	145 - 375 k/uL	143 ▼
MEAN PLATELET VOLUME (CBMC/CEH)	6.7 - 10.4 fl	12.0 ▲

Specimen Collected: 09/24/21 06:22

Last Resulted: 09/24/21 08:27

[📄 Order Details](#) [👤 View Encounter](#) [🔍 Lab and Collection Details](#) [📧 Routing](#) [🕒 Result History](#)

### Chart Review Routing

No routing history on file.



## Results

LACTIC ACID (CBMC/CEH) (Order 215014506)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 23, 2021

[Click here to print a result report](#)

### Electronically Signed and Authenticated

On

LARRY JOHN PINTER, MD

Thu Sep 23, 2021 4:56 PM

LARRY JOHN PINTER, MD

Sun Sep 26, 2021 7:03 AM

### LACTIC ACID (CBMC/CEH)

Order: 215014506

Status: Final result Visible to patient: No (not released) Next appt: None

### 0 Result Notes

	Ref Range & Units	9/23/21 1532
LACTIC ACID (CBMC/CEH)	0.5 - 2.0 mmol/L	1.7

#### Narrative

If initial lactate < 2 contact provider to cancel repeat lactate acid

Specimen Collected: 09/23/21 15:32

Last Resulted: 09/23/21 16:07

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Add to History](#)

### Chart Review Routing

No routing history on file.

## Results

PROCALCITONIN (CBMC/CEH) (Order 215014507)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 23, 2021

[Click here to print a result report](#)

### Electronically Signed and Authenticated

On

LARRY JOHN PINTER, MD

Sun Sep 26, 2021 7:03 AM

### PROCALCITONIN (CBMC/CEH)

Order: 215014507

Status: Final result Visible to patient: No (not released) Next appt: None

### 0 Result Notes

	Ref Range & Units	9/23/21 1532
PROCALCITONIN (CBMC/CEH)	ng/mL	0.29
Comment:	Sepsis	
-----	>2.0 high risk	
	0.5-2.0 sepsis should be considered	
	<0.5 low risk	
DRG		
-----	>0.5 strongly encourage antibiotic	
	0.26-0.50 encourage antibiotic	
	0.10-0.25 discourage antibiotic	
	<0.10 strongly discourage antibiotic	

Specimen Collected: 09/23/21 15:32

Last Resulted: 09/23/21 17:51

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

### Chart Review Routing

No routing history on file.

## Results

BLOOD CULTURE (CBMC/CEH) (Order 215014508)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 29, 2021

[Click here to print a result report](#)

### BLOOD CULTURE (CBMC/CEH)

Order: 215014508

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

Specimen Information: Blood

### 0 Result Notes

#### Component

BLOOD CULTURE NO GROWTH AFTER 6 DAYS  
(CBMC/CEH)






#### Narrative

Specimen source?->Blood

Additional source information?->Peripheral Draw

Specimen Collected: 09/23/21 15:32

Last Resulted: 09/29/21 11:23

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

### Chart Review Routing

No routing history on file.

## Results

BLOOD CULTURE (CBMC/CEH) (Order 215014509)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 29, 2021

[Click here to print a result report](#)

### BLOOD CULTURE (CBMC/CEH)

Order: 215014509

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

Specimen Information: Blood

### 0 Result Notes

#### Component

BLOOD CULTURE NO GROWTH AFTER 6 DAYS  
(CBMC/CEH)






#### Narrative

Specimen source?->Blood

Additional source information?->Peripheral Draw

Specimen Collected: 09/23/21 15:32

Last Resulted: 09/29/21 11:23

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

### Chart Review Routing

No routing history on file.

## Results

CARCINOEMBRYONIC ANTIGEN (CBMC/CEH) (Order 215157985)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 26, 2021

[Click here to print a result report](#)

### CARCINOEMBRYONIC ANTIGEN (CBMC/CEH)

Order: 215157985

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Fever, unspecified fever cause

### 0 Result Notes

	Ref Range & Units	9/23/21 1532
CARCINOEMBRYONIC ANTIGEN (CBMC/CEH)	ng/mL	0.9

Comment: Non-Smoker: <2.5

Smoker: <5.0

This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. CEA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

THIS TEST WAS PERFORMED AT:

QUEST DIAGNOSTICS WOOD DALE

1355 MITTELBOULEVARD

WOOD DALE, IL 60191-1024

ANTHONY V. THOMAS, MD

### Narrative

Add on if possible otherwise draw

Specimen Collected: 09/23/21 15:32

Last Resulted: 09/26/21 08:21

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

### Chart Review Routing

No routing history on file.

## Results

RENAL FUNCTION PANEL (CBMC/CEH) (Order 214610369)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 20, 2021

[Click here to print a result report](#)

### Electronically Signed and Authenticated

On

NIKESH R LATH, MD

Mon Sep 27, 2021 1:08 PM

### RENAL FUNCTION PANEL (CBMC/CEH)

Order: 214610369

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

### 0 Result Notes

	Ref Range & Units	9/20/21 0456
GLUCOSE (CBMC/CEH)	70 - 99 mg/dL	104 ^
BUN (CBMC/CEH)	7 - 17 mg/dL	4 v
CREATININE (CBMC/CEH)	0.52 - 1.04 mg/dL	0.50 v
EGFR FOR AFRICAN AMERICANS (CBMC/CEH)	mL/min/1.72m2	>60
EGFR FOR NON-AFRICAN AMERICANS (CBMC/CEH)	mL/min/1.72m2	>60
Comment:	Stage 3 CKD 30 - 59 Stage 4 CKD 15 - 29 Renal Failure <15	
SODIUM (CBMC/CEH)	136 - 145 mmol/L	136
POTASSIUM (CBMC/CEH)	3.5 - 5.0 mmol/L	3.6
CHLORIDE (CBMC/CEH)	98 - 107 mmol/L	106
CARBON DIOXIDE (CBMC/CEH)	22 - 30 mmol/L	28
ALBUMIN (CBMC/CEH)	3.5 - 5.0 gm/dL	3.0 v
CALCIUM (CBMC/CEH)	8.4 - 10.2 mg/dL	8.4
PHOSPHORUS (CBMC/CEH)	2.5 - 4.5 mg/dL	4.4

Specimen Collected: 09/20/21 04:56

Last Resulted: 09/20/21 05:51

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

### Chart Review Routing

No routing history on file.

## Results

 FERRITIN (CBMC/CEH) (Order 214567504)


### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 19, 2021

[Click here to print a result report](#)

 FERRITIN (CBMC/CEH)

Order: 214567504

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...






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### 0 Result Notes

	Ref Range & Units	9/19/21 0519
FERRITIN (CBMC/CEH)	11.1 - 264 ng/mL	1,090 ^

Specimen Collected: 09/19/21 05:19

Last Resulted: 09/19/21 13:05

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

### Chart Review Routing

No routing history on file.

# Results

FOLATE SERUM (CBMC/CEH) (Order 214567509)

## Patient Portal

This result is not viewable by the patient.

Result Link

Sep 19, 2021

[Click here to print a result report](#)

## FOLATE SERUM (CBMC/CEH)

Order: 214567509

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

## 0 Result Notes

FOLATE SERUM (CBMC/CEH)	Ref Range & Units	9/19/21 0519
	ng/mL	6.0
Comment:	normal adults: 2.76 - >20.0	
	folate deficient: 1.04 - 2.79	

Specimen Collected: 09/19/21 05:19

Last Resulted: 09/19/21 13:05

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

## Chart Review Routing

No routing history on file.



## Results

VITAMIN B12 (CBMC/CEH) (Order 214567507)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 19, 2021

[Click here to print a result report](#)

### VITAMIN B12 (CBMC/CEH)

Order: 214567507






Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

### 0 Result Notes

	Ref Range & Units	9/19/21 0519
VITAMIN B12 (CBMC/CEH)	239 - 931 pg/mL	746

Specimen Collected: 09/19/21 05:19

Last Resulted: 09/19/21 13:05

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

### Chart Review Routing

No routing history on file.

## Results

ⓘ TOTAL IRON BINDING CAPACITY (CBMC/CEH) (Order 214567503)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 19, 2021

[Click here to print a result report](#)

### ⓘ TOTAL IRON BINDING CAPACITY (CBMC/CEH)

Order: 214567503

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

---

### 0 Result Notes

	Ref Range & Units	9/19/21 05:19
TOTAL IRON BINDING CAPACITY (CBMC/CEH)	265 - 497 mcg/dL	187 ✓
IRON SATURATION (CBMC/CEH)	15 - 50 %	27

Specimen Collected: 09/19/21 05:19

Last Resulted: 09/19/21 09:18

[ⓘ Order Details](#) [ⓘ View Encounter](#) [ⓘ Lab and Collection Details](#) [ⓘ Routing](#) [ⓘ Result History](#)

### Chart Review Routing

No routing history on file.

## Results

IRON (CBMC/CEH) (Order 214567502)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 19, 2021

[Click here to print a result report](#)






### IRON (CBMC/CEH)

Order: 214567502

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

### 0 Result Notes

	Ref Range & Units	9/19/21 0519
IRON (CBMC/CEH)	37 - 170 mcg/dL	51
Specimen Collected: 09/19/21 05:19		Last Resulted: 09/19/21 09:18

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

### Chart Review Routing

No routing history on file.

## Results

Ⓢ CBC WITH DIFF (CBMC/CEH) (Order 214567500)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 19, 2021

[Click here to print a result report](#)

### Ⓢ CBC WITH DIFF (CBMC/CEH)

Order: 214567500

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

### 0 Result Notes






	Ref Range & Units	9/19/21 0519
WHITE BLOOD COUNT (CBMC/CEH)	4.8 - 10.8 K/uL	2.6 ▼
RED CELL COUNT (CBMC/CEH)	3.80 - 5.10 M/uL	3.75 ▼
HEMOGLOBIN (CBMC/CEH)	12.0 - 16.0 gm/dL	9.6 ▼
HEMATOCRIT (CBMC/CEH)	37.0 - 47.0 %	30.0 ▼
MEAN CORPUSCULAR VOLUME (CBMC/CEH)	31.0 - 102 fL	80.1 ▼
MEAN CORPUSCULAR HEMOGLOBIN (CBMC/CEH)	27.0 - 35.0 pg/Cell	25.6 ▼
MEAN CORPUSCULAR HGB CONC (CBMC/CEH)	32.0 - 36.0 g/dl	32.0
RED CELL DISTRIBUTION WIDTH (CBMC/CEH)	11.5 - 14.5 %	26.0 ^
PLATELET COUNT (CBMC/CEH)	145 - 375 k/uL	135 ▼
MEAN PLATELET VOLUME (CBMC/CEH)	6.7 - 10.4 fl	-
TOTAL CELLS COUNTED (CBMC/CEH)		100
NEUTROPHILS (SEGS) (CBMC/CEH)	40 - 70 %	30 ▼
BAND (CBMC/CEH)	2 - 6 %	6
LYMPHOCYTE (CBMC/CEH)	22 - 44 %	57 ^
VARIANT LYMPHOCYTE (CBMC/CEH)	0 - 0 %	1 ^
MONOCYTE (CBMC/CEH)	2 - 10 %	1
EOSINOPHIL (CBMC/CEH)	0 - 5 %	1
BASOPHIL (CBMC/CEH)	0 - 2 %	1

Saunders, Sandra L (MR # 1017307) DOB: 06/30/1970 Encounter Date: 09/13/2021

NEUTROPHILS ABSOLUTE	1.8 - 7.7 K/uL	0.94 ✓
MANUAL (CBMC/CEH)		
LYMPHOCYTES	1.0 - 4.8 K/uL	1.51
ABSOLUTE MANUAL		
(CBMC/CEH)		
MONOCYTES ABSOLUTE	0 - 0.8 K/UL	0.10
MANUAL (CBMC/CEH)		
EOSINOPHIL ABSOLUTE	0 - 0.5 K/UL	0.03
MANUAL (CBMC/CEH)		
BASOPHIL ABSOLUTE	0 - 0.2 K/uL	0.03
MANUAL (CBMC/CEH)		
PLATELET ESTIMATE	ADEQUATE	DECREASE ?
(CBMC/CEH)		
HYPOCHROMASIA	NOT PRESENT	PRESENT !
(CBMC/CEH)		
POIKILOCYTOSIS	NONE	1+ ?
(CBMC/CEH)		
ANISOCYTOSIS	NOT PRESENT	PRESENT !
(CBMC/CEH)		
SCHISTOCYTES	NONE	RARE ?
(CBMC/CEH)		
TEAR DROP CELLS	NONE	FEW ?
(CBMC/CEH)		
OVAL/ELLIP (CBMC/CEH)	NONE	FEW ?

Specimen Collected: 09/19/21 05:19

Last Resulted: 09/19/21 08:19

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

## Chart Review Routing

No routing history on file.

## Results

TROPONIN I (CBMC ONLY) (Order 214524353)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 17, 2021

[Click here to print a result report](#)

### Electronically Signed and Authenticated

On

KERLINE DUCTAN, MD

Sat Sep 18, 2021 10:13 PM

### TROPONIN I (CBMC ONLY)

Order: 214524353 - Reflex for Order 214518991

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

#### 0 Result Notes

	Ref Range & Units	9/17/21 2116
TROPONIN I (CBMC)	0.00 - 0.034 ng/mL	<0.012
Specimen Collected: 09/17/21 21:16		Last Resulted: 09/17/21 23:57

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

### BASIC METABOLIC PANEL (CBMC/CEH)

Order: 214518991

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

#### 0 Result Notes

	Ref Range & Units	9/17/21 2116
GLUCOSE (CBMC/CEH)	70 - 99 mg/dL	112 ^
BUN (CBMC/CEH)	7 - 17 mg/dL	3 v
CREATININE (CBMC/CEH)	0.52 - 1.04 mg/dL	0.63
EGFR FOR AFRICAN AMERICANS (CBMC/CEH)	mL/min/1.72m2	>60
EGFR FOR NON-AFRICAN AMERICANS (CBMC/CEH)	mL/min/1.72m2	>60
Comment:	Stage 3 CKD 30 - 59 Stage 4 CKD 15 - 29 Renal Failure <15	
SODIUM (CBMC/CEH)	135 - 145 mmol/L	132 v
POTASSIUM (CBMC/CEH)	3.5 - 5.0 mmol/L	3.4 v
CHLORIDE (CBMC/CEH)	98 - 107 mmol/L	101
CARBON DIOXIDE	22 - 30 mmol/L	27






Saunders, Sandra L (MR # 1017307) DOB: 06/30/1970 Encounter Date: 09/13/2021

(CBMC/CEH)

CALCIUM (CBMC/CEH) 8.4 - 10.2 mg/dL 8.1 v

Specimen Collected: 09/17/21 21:16

Last Resulted: 09/17/21 23:57

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

### MAGNESIUM (CBMC/CEH)

Order: 214524096 - Reflex for Order 214518991

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...






---

## 0 Result Notes

	Ref Range & Units	9/17/21 21:16
MAGNESIUM (CBMC/CEH)	1.6 - 2.3 mg/dL	1.4 v

Specimen Collected: 09/17/21 21:16

Last Resulted: 09/17/21 23:57

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

## Chart Review Routing

No routing history on file.

## Results

B-TYPE NATRIURETIC PEPTIDE (CBMC/CEH) (Order 214522842)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 17, 2021

[Click here to print a result report](#)

### Electronically Signed and Authenticated

On

KERLINE DUCTAN, MD

Sat Sep 18, 2021 10:13 PM






### B-TYPE NATRIURETIC PEPTIDE (CBMC/CEH)

Order: 214522842

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

### 0 Result Notes

	Ref Range & Units	9/17/21 21:16
B-TYPE NATRIURETIC PEPTIDE (CBMC/CEH)	0 - 99 pg/mL	TC
Specimen Collected: 09/17/21 21:16		Last Resulted: 09/17/21 23:07

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

### Chart Review Routing

No routing history on file.



## Results

BLOOD CULTURE (CBMC/CEH) (Order 214518998)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 23, 2021

[Click here to print a result report](#)

### Electronically Signed and Authenticated

On

NIKESH R LATH, MD

Mon Sep 27, 2021 1:08 PM

### BLOOD CULTURE (CBMC/CEH)

Order: 214518998

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

Specimen Information: Blood

### 0 Result Notes

#### Component

BLOOD CULTURE NC GROWTH AFTER 6 DAYS  
(CBMC/CEH)






#### Narrative

Specimen source?->Blood

Additional source information?->Peripheral Draw

Specimen Collected: 09/17/21 21:57

Last Resulted: 09/23/21 07:37

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

### Chart Review Routing

No routing history on file.

## Results

① BASIC METABOLIC PANEL (CBMC/CEH) (Order 214518991)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 17, 2021

[Click here to print a result report](#)

### Electronically Signed and Authenticated

On

KERLINE DUCTAN, MD

Sat Sep 18, 2021 10:13 PM

### ① BASIC METABOLIC PANEL (CBMC/CEH)

Order: 214518991

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

### 0 Result Notes

	Ref Range & Units	9/17/21 2116
GLUCOSE (CBMC/CEH)	70 - 99 mg/dL	112 ^
BUN (CBMC/CEH)	7 - 17 mg/dL	3 v
CREATININE (CBMC/CEH)	0.52 - 1.04 mg/dL	0.63
EGFR FOR AFRICAN AMERICANS (CBMC/CEH)	mL/min/1.72m2	>60
EGFR FOR NON-AFRICAN AMERICANS (CBMC/CEH)	mL/min/1.72m2	>60
Comment:	Stage 3 CKD 30 - 59 Stage 4 CKD 15 - 29 Renal Failure <15	
SODIUM (CBMC/CEH)	136 - 145 mmol/L	132 v
POTASSIUM (CBMC/CEH)	3.5 - 5.0 mmol/l	3.4 v
CHLORIDE (CBMC/CEH)	98 - 107 mmol/L	101
CARBON DIOXIDE (CBMC/CEH)	22 - 30 mmol/L	27
CALCIUM (CBMC/CEH)	8.4 - 10.2 mg/dL	8.1 v

Specimen Collected: 09/17/21 21:16

Last Resulted: 09/17/21 23:57

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

### ① MAGNESIUM (CBMC/CEH)

Order: 214524096 - Reflex for Order 214518991






Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

## 0 Result Notes

	Ref Range & Units	9/17/21 2116
MAGNESIUM (CBMC/CEH)	1.6 - 2.3 mg/dL	1.4 ▼

Specimen Collected: 09/17/21 21:16

Last Resulted: 09/17/21 23:57

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

## TROPONIN I (CBMC ONLY)

Order: 214524353 - Reflex for Order 214518991






Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

## 0 Result Notes

	Ref Range & Units	9/17/21 2116
TROPONIN I (CBMC)	0.00 - 0.034 ng/mL	<0.012

Specimen Collected: 09/17/21 21:16

Last Resulted: 09/17/21 23:57

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

## Chart Review Routing

No routing history on file.

## Results

ⓘ CBC NO DIFF (CBMC/CEH) (Order 214518989)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 17, 2021

[Click here to print a result report](#)

### ⓘ CBC NO DIFF (CBMC/CEH)

Order: 214518989

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

### 0 Result Notes

	Ref Range & Units	9/17/21 2116
WHITE BLOOD COUNT (CBMC/CEH)	4.8 - 10.8 K/uL	5.7
RED CELL COUNT (CBMC/CEH)	3.80 - 5.10 M/uL	4.31
HEMOGLOBIN (CBMC/CEH)	12.0 - 16.0 gm/dL	10.8 ▼
HEMATOCRIT (CBMC/CEH)	37.0 - 47.0 %	33.7 ▼
MEAN CORPUSCULAR VOLUME (CBMC/CEH)	81.0 - 102 fL	78.2 ▼
MEAN CORPUSCULAR HEMOGLOBIN (CBMC/CEH)	27.0 - 35.0 pg/Cell	25.0 ▼
MEAN CORPUSCULAR HGB CONC (CBMC/CEH)	32.0 - 36.0 g/dl	31.9 ▼
RED CELL DISTRIBUTION WIDTH (CBMC/CEH)	11.5 - 14.5 %	25.8 ^
PLATELET COUNT (CBMC/CEH)	145 - 375 k/uL	165
MEAN PLATELET VOLUME (CBMC/CEH)	6.7 - 10.4 fl	6.9

Specimen Collected: 09/17/21 21:16

Last Resulted: 09/17/21 21:26

[📄 Order Details](#) [👤 View Encounter](#) [🔍 Lab and Collection Details](#) [📧 Routing](#) [🕒 Result History](#)

### Chart Review Routing

No routing history on file.

## Results

URINALYSIS (CBMC/CEH) (Order 214513993)

### Patient Portal

This result is not viewable by the patient.

Result Link

Sep 17, 2021

[Click here to print a result report](#)

### URINALYSIS (CBMC/CEH)

Order: 214513993

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

### 0 Result Notes

	Ref Range & Units	9/17/21 2100
COLOR, URINE (CBMC/CEH)		YELLOW
APPEARANCE, URINE (CBMC/CEH)	CLEAR	CLEAR
SPECIFIC GRAVITY-URINE (CBMC/CEH)	1.006 - 1.029	1.015
PH-URINE (CBMC/CEH)	5.0 - 8.0	7.5
URINE LEUKOCYTE ESTERASE (CBMC/CEH)	NEG	NEG
NITRITE-URINE (CBMC/CEH)	NEG	NEG
PROTEIN-URINE-DIP (CBMC/CEH)	NEG	NEG
GLUCOSE-URINE (CBMC/CEH)	NEG	NEG
KETON-URINE (CBMC/CEH)	NEG	NEG
UROBILINOGEN-URINE (CBMC/CEH)	0.2 - 1 mg/dL	0.2 mg/dL
BILIRUBIN-URINE (CBMC/CEH)	NEG	NEG
OCCULT BLOOD URINE (CBMC/CEH)	NEG	2+ ?
RBC-URINE (CBMC/CEH)	0 - 2 /HPF	11-20 ?
WBC-URINE (CBMC/CEH)	0 - 2 /HPF	0-2
SQUAMOUS EPITHELIAL CELL URINE (CBMC/CEH)	0 - 2 /LPF	6-10 ?
NO CRYSTALS, URINE (CBMC/CEH)	NONE SEEN	NONE SEEN
BACTERIA, URINE (CBMC/CEH)	NONE SEEN	RARE
NO CASTS, URINE	NONE SEEN	NONE SEEN

Saunders, Sandra L (MR # 1017307) DOB: 06/30/1970 Encounter Date: 09/13/2021






(CBMC/CEH)

### Narrative

SOURCE: Urine-Clean Catch

Specimen Collected: 09/17/21 21:00

Last Resulted: 09/17/21 21:50

 Order Details  View Encounter  Lab and Collection Details  Routing  Result History

### Chart Review Routing

No routing history on file.

Saunders, Sandra L (MRN 1017307) Printed by Madden, Justin [MPJMADDEN] at 9/29/21 1:24 PM

# Results

CRITICAL PANEL (Order 214520931)

## Patient Portal

This result is not viewable by the patient.

Result Link

Sep 17, 2021

[Click here to print a result report](#)

## CRITICAL PANEL

Order: 214520931

Status: Final result Visible to patient: No (not released) Next appt: None Dx: Malignant neoplasm of ascending colon...

## 0 Result Notes

	Ref Range & Units	9/17/21 2138
pH	7.35 - 7.45	7.48 ^
pCO2	35 - 45 mmHg	35.2
PO2	80 - 105 mmHg	58.0 v
HCO3	22 - 26 mmol/L	26.3 ^
BE	-2.0 - 3.0 mmol/L	3.0
Tco2	23 - 27 mmol/L	27.0
O2 SAT	95.0 - 98.0 %	92.0 v
ABG O2 Delivery		Room Air
Na+	135.0 - 148.0 mmol/L	138.0
K+	3.5 - 4.9 mmol/L	3.10 v
Ca++	1.12 - 1.32 mmol/L	1.12
Glucose	70 - 105 mg/dl	114.0 ^
Sample type		ART
Sampling site		R Radial
Modified Allen test	Acceptable	Pass
Specimen Collected: 09/17/21 21:38		Last Resulted: 09/17/21 21:41

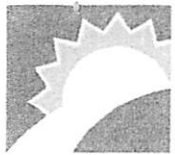
[Order Details](#) [View Encounters](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

## Chart Review Routing

No routing history on file.

**EXHIBIT 2:**  
**“Dr. Patrick L. Gomez’s Letter ”**





# ILLINOIS CANCERCARE, P.C.

Specialty Cancer Care • Blood & Bone Marrow

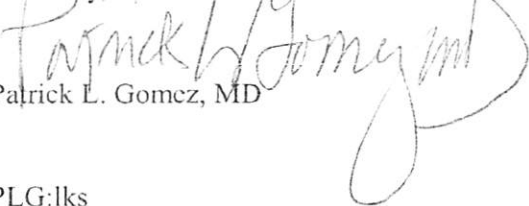
April 19, 2022

RE: SAUNDERS, SANDRA LEE, DOB: 6/30/1970

To Whom It May Concern:

Sandra Saunders is being cared for at Illinois CancerCare for relapsed metastatic adenocarcinoma of the colon. She initially was diagnosed with stage III disease in September 2021; however, she subsequently had a relapse in the right inguinal lymph node and underwent a biopsy that proved metastatic disease. She has been undergoing chemotherapy and her most recent MRI in April did show a good response. She, however, does have problems with decrease in her blood counts from her treatment which may limit future treatment options; however, at this time she continues with therapy and is stable. Her long term prognosis is uncertain and dependent on how well she handles chemotherapy and response to treatments. Currently her husband is in federal prison and due to her incurable diagnosis of colon cancer, uncertain prognosis, she is hoping for an earlier release in order for him to spend more time with her given her shortened life expectancy. Typically the median life expectancy for metastatic colon cancer is approximately two years but this can be shorter or longer depending on response and available therapies. She does also have other comorbidities that can shorten her life expectancy and based on her diagnosis and comorbidities she would be expected to have a life expectancy of less than one year. If I can be of any further assistance, please do not hesitate to contact me at Illinois CancerCare, (309) 243-3000. Thank you in advance for consideration of early release of her husband due to her underlying incurable cancer.

Sincerely,

  
Patrick L. Gomez, MD

PLG:lks

## PHYSICIANS

Fahad B. Asad, MD  
Madhuri Bajaj, MD  
Vijay K. Damarla, MD  
Paul A.S. Fishkin, MD  
Francois J. Geoffroy, MD  
Gregory J. Gerstner, MD  
Musaberk Goksel, MD  
Patrick L. Gomez, MD  
Srinivas Jujjavarapu, MD  
Kimberly Ku, MD  
Pankaj Kumar, MD  
Nguyet A. Le-Lindqwister, MD  
Jane Liu, MD  
Gary R. MacVicar, MD  
Nadia Q. Rehman, MD  
Shawn M. Seibert, MD  
Michael H. Veeder, MD  
Shijia Zhang, MD

## ADVANCED PRACTICE NURSES

Debra E. Beach, APN  
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Tammy S. Daily, APN  
Melissa S. DeLa Torre, APN  
Holly Jo Delinski, APN  
Kami L. Doubet, APN  
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Kathie A. Kindred, APN  
Jessica N. Lemmerman, APN  
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Roxanne R. McLaughlin, APN  
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Gina D. Riner, APN  
Deborah J. Rufus, APN  
Cynthia Salazar, APN  
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Kim M. Scott, APN  
Jessica M. Stewart, APN  
Erin L. Whalen, APN  
Judy Williamson, APN



QCP Cancer Care Program

**EXHIBIT 3:**  
**“Summary Reentry Plan - Progress Report”**



## Summary Reentry Plan - Progress Report

Dept. of Justice / Federal Bureau of Prisons  
Plan is for inmate: SAUNDERS, KEVIN TYRONE 14085-021

SEQUENCE: 00305326

Report Date: 05-13-2022



Facility: BTF BUTNER MED II FCI  
Name: SAUNDERS, KEVIN TYRONE  
Register No.: 14085-021  
Quarters: M04-073U  
Age: 35  
Date of Birth: 09-06-1986

Custody Level: IN  
Security Level: MEDIUM  
Proj. Rel Date: 12-11-2023  
Release Method: GOOD  
DNA Status: EST02974 / 05-25-2011

### Contact Information

#### Release contact & address

Sandra Saunders, WIFE  
3415 Yucca Drive, Bloomington, IL 61705 US  
Phone (home) : 309-336-3568

### Offenses and Sentences Imposed

Charge	Terms In Effect
18:922(A)(1)(A): UNLICENSED DEALING IN FIREARMS. 21:841(A)(1) AND 860; DISTRIBUTION OF 5G OR MORE OF COCAINE BASE IN A SCHOO -L ZONE.	120 MONTHS
18:924(C) CARRYING A FIREARM DURING/ IN RELATION TO A DRUG TRAFFICKING	60 MONTHS

Date Sentence Computation Began: 10-11-2010

Sentencing District: GEORGIA, SOUTHERN

Days FSGT / WSGT / DGT  
0 / 0 / 141

Days GCT or EGT / SGT  
453

Time Served

Years: 11 Months: 7 Days: 3

+ Jail Credit - InOp Time

+ 0 JC - 0 InOp

### Detainers

Detaining Agency	Remarks
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NO DETAINER

### Program Plans

Inmate SAUNDERS arrived at BTF on 12/27/2021. At this Initial Classification, it was recommended that inmate SAUNDERS participate in ACE or computer classes. He was encouraged to satisfy his court imposed financial obligations through participation in the Financial Responsibility and maintain clear conduct. Inmate SAUNDERS was recommended to complete all six core topics of the Release Preparation Program (RPP) prior to RRC placement. Inmate SAUNDERS was encouraged to maintain employment to assist with his release and financial obligations.

### Current FSA Assignments

Assignment	Description	Start
FTC INELIG	FTC-INELIGIBLE-REVIEWED	08-12-2021
INELIG AUT	FTC-INELIGIBLE OFF CODE - AUTO	12-17-2019
N-ANGER Y	NEED - ANGER/HOSTILITY YES	01-19-2022
N-ANTISO Y	NEED - ANTISOCIAL PEERS YES	01-19-2022
N-COGNTV Y	NEED - COGNITIONS YES	01-19-2022
N-DYSLEX N	NEED - DYSLEXIA NO	05-30-2021
N-EDUC N	NEED - EDUCATION NO	01-19-2022
N-FIN PV Y	NEED - FINANCE/POVERTY YES	01-19-2022
N-FM/PAR N	NEED - FAMILY/PARENTING NO	01-19-2022
N-M HLTH N	NEED - MENTAL HEALTH NO	01-19-2022
N-MEDICL Y	NEED - MEDICAL YES	01-19-2022
N-RLF N	NEED - REC/LEISURE/FITNESS NO	01-19-2022
N-SUB AB Y	NEED - SUBSTANCE ABUSE YES	01-19-2022
N-TRAUMA Y	NEED - TRAUMA YES	01-19-2022
N-WORK Y	NEED - WORK YES	01-19-2022
R-HI	HIGH RISK RECIDIVISM LEVEL	01-19-2022

### FSA Comments

Inmate SAUNDERS is a High recidivism risk level, who is currently ineligible to apply Federal Time Credits. He has been reviewed with the



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following needs areas: Anger/Hostility, Antisocial Peers, Cognitions, Finance/Poverty, Medical, Substance Abuse, Trauma and Work. He has been recommended to participate in UNICOR to address his work need.

### Current Work Assignments

FacI	Assignment	Description	Start
BTF	FS COOK PM	FOOD SERVICE PM COOK	04-11-2022

### Work Assignment Summary

Inmate SAUNDERS is currently pending A&O. He is encouraged to maintain employment to assist with release planning.

### Current Education Information

FacI	Assignment	Description	Start
BTF	ESL HAS	ENGLISH PROFICIENT	12-07-2010
BTF	GED EARNED	GED EARNED IN BOP	05-14-2013

### Education Courses

SubFacI	Action	Description	Start	Stop
FTD GP	C	7 HABITS - EAST	12-14-2020	04-15-2021
FTD GP	C	7 HABITS - EAST	12-14-2020	12-31-2020
FTD	W	COLLEGE SUCCESS SKILLS - EAST	06-27-2019	07-31-2019
FTD	W	MERCER COUNTY	06-27-2019	07-31-2019
FTD GP	C	CUSTOMER SERICE	10-02-2018	12-23-2018
EST	C	SPANISH I (PG 6)	04-23-2018	07-31-2018
EST	C	SCREENWRITING FCI (PG #6)	02-06-2018	04-24-2018
EST	C	RES.CARPENTRY2 12:00-2 (PG#6)	10-03-2016	09-28-2017
EST	C	EPA 608/CONN.W/HVAC COURSE	10-01-2015	09-28-2016
EST	C	RES.CARPENTRY1 9-10:30 (PG#6)	10-01-2015	09-28-2016
EST	C	NCCER WELD LV1 12:30-2(#6)	05-08-2015	09-29-2015
EST	C	JOB SKILLS ASSESSMENT(#2 EM)	05-27-2014	07-01-2015
EST	C	NCCER CORE CONST 730-9A(PG #6)	02-24-2014	06-09-2014
EST	C	SERVSFAE CLASS 8-9:00AM (EM#2)	04-29-2013	10-23-2013
EST	C	FDIC YOUR OWN HOME (PF #3)	08-05-2013	08-05-2013
EST	C	FDIC LOAN TO OWN (PF #3)	08-01-2013	08-01-2013
EST	C	FDIC CHARGE IT RIGHT (PF #3)	07-31-2013	07-31-2013
EST	C	FDIC TO YOUR CREDIT (PG #PF)	07-30-2013	07-30-2013
EST	C	FDIC KEEP IT SAFE (PF #3)	07-29-2013	07-29-2013
EST	C	FDIC PAY YOURSELF FIRST(PF #3)	07-26-2013	07-26-2013
EST	C	FDIC MONEY MATTERS (PF #3)	07-25-2013	07-25-2013
EST	C	FDIC CHECK IT OUT (PF #3)	07-24-2013	07-24-2013
EST	C	FDIC BORROWING BASICS (#3 PF)	07-23-2013	07-23-2013
EST	C	FDIC BANK ON IT (#3 PF)	07-22-2013	07-22-2013
EST	C	JOB FAIR INFO(EM#2/CR#4/PG#6)	07-22-2013	08-05-2013
EST	C	PARENTING FROM INSIDE (PG#6)	12-04-2012	06-25-2013
EST	C	GED HILL 12:30-2 M-F (PG#6)	03-25-2011	05-14-2013
EST	C	FCI LEATHER T/TH 8-10 AM PG#6	06-20-2012	09-10-2012
EST	C	INFECTIOUS DISEASE PREVT(HN#1)	11-18-2010	11-18-2010

### Education Information Summary

Inmate SAUNDERS just arrived at BTF. Inmate SAUNDERS is encouraged to program and gain as much knowledge prior to release thus making a successful transition back into society.

### Discipline Reports

Hearing Date	Prohibited Acts
09-28-2021	224 : ASSAULTING W/O SERIOUS INJURY
10-03-2019	307 : REFUSING TO OBEY AN ORDER
12-14-2018	305 : POSSESSING UNAUTHORIZED ITEM



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Report Date: 05-13-2022

Hearing Date	Prohibited Acts
12-21-2012	205 : ENGAGING IN SEXUAL ACTS
09-20-2012	205 : ENGAGING IN SEXUAL ACTS

### Discipline Summary

Inmate SAUNDERS has received two MODERATE and three HIGH level incident reports during this incarceration. His interaction with staff and other inmates is appropriate with no management concerns noted at this time.

### ARS Assignments

Fac	Assignment	Reason	Start	Stop
BTF DRUG	A-DES	TRANSFER RECEIVED	12-27-2021	CURRENT
FTD GP	A-DES	TRANSFER RECEIVED	10-10-2018	12-07-2021
EST	A-DES	OTHER AUTH ABSENCE RETURN	10-25-2013	08-21-2018
EST	A-DES	OTHER AUTH ABSENCE RETURN	10-09-2013	10-25-2013
EST	A-DES	OTHER AUTH ABSENCE RETURN	07-02-2013	10-09-2013
EST	A-DES	OTHER AUTH ABSENCE RETURN	11-15-2011	07-02-2013
EST	A-DES	US DISTRICT COURT COMMITMENT	11-09-2010	11-15-2011

### Current Care Assignments

Assignment	Description	Start
CARE1-MH	CARE1-MENTAL HEALTH	11-26-2010
CARE2	STABLE, CHRONIC CARE	11-17-2010

### Current Medical Duty Status Assignments

Assignment	Description	Start
C19-RCVRD	COVID-19 RECOVERED	01-02-2021
NO PAPER	NO PAPER MEDICAL RECORD	11-09-2010
REG DUTY	NO MEDICAL RESTR-REGULAR DUTY	11-17-2010
YES F/S	CLEARED FOR FOOD SERVICE	01-18-2019

### Current PTP Assignments

Assignment	Description	Start
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NO ASSIGNMENTS

### Current Drug Assignments

Assignment	Description	Start
DAP PART	RESIDENT DRUG TRMT PARTICIPANT	02-22-2022
ED COMP	DRUG EDUCATION COMPLETE	10-20-2011
INELIGIBLE	18 USC 3621 RELEASE INELIGIBLE	10-27-2017
NR COMP	NRES DRUG TMT/COMPLETE	05-29-2015

### Physical and Mental Health Summary

Inmate SAUNDERS is on a regular duty medical status with no restrictions. Psychology Staff have not expressed mental health concerns at this time.

### FRP Payment Plan

Most Recent Payment Plan
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FRP Assignment: PART FINANC RESP-PARTICIPATES Start: 09-11-2020

Inmate Decision: AGREED \$25.00 Frequency: QUARTERLY

Payments past 6 months: \$25.00 Obligation Balance: \$2,650.00

#### Financial Obligations

No.	Type	Amount	Balance	Payable	Status
1	ASSMT	\$300.00	\$140.00	IMMEDIATE	EXPIRED
** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **					
2	FINE	\$3,000.00	\$2,650.00	IMMEDIATE	AGREED
Adjustments:					
	Date Added	Fac	Adjust Type	Reason	Amount
	03-10-2022	BTF	PAYMENT	INSIDE PMT	\$25.00



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### Most Recent Payment Plan

### Financial Responsibility Summary

Inmate SAUNDERS is currently making his court imposed payments in a timely manner.

### Release Planning

Inmate SAUNDERS plans to reside with his wife in Bloomington, IL. He has been encouraged to complete the six core topics in the Release Preparation Program. Inmate SAUNDERS will be recommended for halfway house placement to assist with release. He will need to secure employment while there.

Inmate SAUNDERS was reviewed for RRC placement pursuant to the Second Chance Act considering the following five factors:

1. There are available Residential Re-Entry Centers in inmate SAUNDERS'S release area.
2. There are no extenuating circumstances that would preclude inmate SAUNDERS from placement.
3. Inmate SAUNDERS will need to establish employment while housed in the RRC.
4. The sentencing Court did not make any statements regarding RRC placement on the J&C Order.
5. There is no pertinent policy statement issued by the U.S. Sentencing Commission.

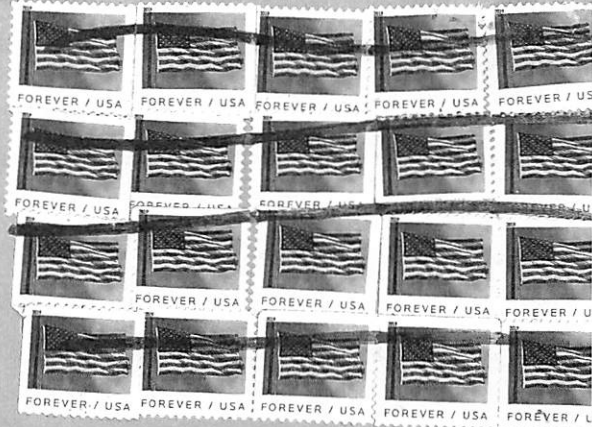
Based on these factors, the Unit Team is recommending an RRC placement date of 05/15/2023.

### General Comments

In preparation for RRC placement, employment and reintegration in the community, inmate SAUNDERS needs to secure his birth certificate and photo identification. Additionally, inmate SAUNDERS has been recommended to complete Money Smart and Financial Peace to educate him on managing his finances and banking relationships upon his release.

KEVIN SAUNDERS # 14085-021  
BUTNER FCI # 2  
P.O. Box 1500  
BUTNER, NC.  
27509

RECEIVED  
U.S. Marshals Service  
Savannah Georgia



Mr. John E. Triplett  
CLERK OF THE COURT  
U. S. District Court  
SOUTHERN DISTRICT OF GEORGIA  
STATESBORO DIVISION  
P.O. Box 8286  
SAVANNAH, GA.  
31412





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